

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

9581

**1. PLACE OF DEATH**

County Leede  
Township Osage  
City (No. ....) St. .... Ward)

Registration District No. 44-9  
Primary Registration District No. 5078

File No. ....  
Registered No. 1450

**2. FULL NAME**

Clara M. Haines

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Widow

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

William Haines

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Aug 5-1887

**7. AGE**

YEARS

MONTHS

DAY

IF LESS than 1 day, .... hrs. or .... min.

70

7

17

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio

**10. NAME OF FATHER**

William Spahr

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio

**12. MAIDEN NAME OF MOTHER**

Victoria Sharp

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio

**14. INFORMANT**

(Address)

Mildred Elmore  
Oakland Mo

**15. FILED**

DATE

9/23, 1928 J.M. Bellamy

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Mar 22nd 1928

**17.**

I HEREBY CERTIFY, That I attended deceased from Mar 12th, 1928, to Mar 12th, 1928, that I last saw her alive on Mar 12th, 1928, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage

821 H 17th St (duration) yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J. O. Herbert, M. D.

9-25, 1928 (Address) Lebanon Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Oakland Cemetery

3/24 1928

**20. UNDERTAKER**

**ADDRESS**

John Stewart

Lebanon Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

