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

Do not use this space.
15541 15272

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. St Mary Infirmary St. ..... Ward)

File No. .....
Registered No. 4484

2. FULL NAME Lennie Haynes

(a) Residence. No. 3943 S Compton St., 16 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Solan L Haynes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 - 1870

7. AGE: Years 57 | Months 8 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) Housework
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Fredericktown
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Isack Braydon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fredericktown
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lucinda Reeves
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont
(STATE OR COUNTRY) Know

14. INFORMANT Solon L Haynes
(Address) 3943 S Compton Av

15. FILED 4-25 1928, 19 Mary C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-23 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-5- 1928, to 4-23-28, 19..., that I last saw h. alive on 4-23-28, 19..., and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Gall bladder
(duration) (?) yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Carcinoma of liver
(duration) ..... yrs. 1 mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Eugene F. Marx, M. D
4-24, 1928 (Address) 1536 Papin St.

*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 Marquand Mo
DATE OF BURIAL April 26 1928
20. UNDERTAKER J H Geb Kes
ADDRESS 2630 Gravois Av

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD