

JUL 6

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

Do not use this space.

17578

1928

1. PLACE OF DEATH

Com. Johnson
Township Warrensburg
City Warrensburg (No.)

Registration District No. 431
Primary Registration District No. 5688

File No.
Registered No.
St. Ward

2. FULL NAME Esther Jane Haymaker

(a) Residence No. St. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. M. Haymaker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
	68	3	23	

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) Pennsylvania

10. NAME OF FATHER John McLelland

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Ruth Noble

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT E. M. Haymaker
(Address) Warrensburg

15. FILED 5/19 28 Wm R Patterson
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) May, 18 1928

17. I HEREBY CERTIFY That I attended deceased from Apr 25 1928 to May 18 28 that I last saw h. alive on May 16 28 and that death occurred, on the date stated above, at 1:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia
13C
71A (duration) yrs. mos. ds.
CONTRIBUTORY Dysentery (SECONDARY) (duration) 1/2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Guatemala C.A.
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? H.P.P.
(Signed) H.F. Parker M. D.

May 18 1928 (Address) Warrensburg 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 Sunset Hill Cem DATE OF BURIAL May 19 1928

20. UNDERTAKER S. R. Sweeney, Warrensburg ADDRESS

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

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.

