7 1920

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.

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

Do not use this space.

22724

1. PLACE OF DEATH
County Scotland
Township Sand hill
City Rutledge Mo. (No. ..... St. ..... Ward)
Registration District No. 811
Primary Registration District No. 4489
File No. .....
Registered No. 4

2. FULL NAME James Ira Haines
(a) Residence. No. Rutledge St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6/1/1869.
7. AGE: 59. YEARS | MONTHS | DAYS: 28 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stone Mason 92A
(b) General nature of industry, business, or establishment in which employed (or employer) 95C
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Lewis County Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Pepers Haines
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rebecca Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Gertrud Kenoyer
(Address)
15. FILED 1-29 1928 Idella Burkhart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/28 1928
17. I HEREBY CERTIFY, That I attended deceased from Sep. 15, 1927, to June 28, 1928 that I last saw him alive on June 28, 1928, and that death occurred, on the date stated above, at 9.30 Am.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Arteriosclerotic Valvular heart disease.
Aortic Insufficiency
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute Dilatation.
(duration) yrs. mos. 3 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N/A
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. C. S. Dennis, M. D
, 19 (Address) Rutledge 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: Pauline Cemetery
DATE OF BURIAL: 6-29 1928
20. UNDERTAKER: S. F. Kenoyer
ADDRESS: Rutledge