

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

Do not use this space.

General
File No. *27866*
Registered No. *87*

1. PLACE OF DEATH

County *Macon*
Township
City *Macon* (No.) St. Ward

Registration District No. *033*
Primary Registration District No. *3027*

2. FULL NAME *Elizabeth Haynes*

(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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 2 - 1840*

7. AGE YEARS *88* MONTHS *1* DAYS *19* | IF LESS than 1 day, hrs. or min.

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) *Parkersville*
(STATE OR COUNTRY) *W. Va*

10. NAME OF FATHER *Let G Arnold*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *W. Va*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Angelita Keller*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *W. Va*
(STATE OR COUNTRY)

14. INFORMANT *Mrs Geo Pahlman*
(Address) *Macon*

15. FILED *8/31 1928* *Mrs Luke Dunker*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 21 1928*

17. I HEREBY CERTIFY That I attended deceased from *Aug 1* 1928, in *Macon*, *Aug 21 1928* and that death occurred, on the date stated above, at *8* m.

13! THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiovascular
Renal Disease
(duration) *1* yrs. *7* mos. *ds.*

CONTRIBUTORY (SECONDARY) *HT*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? *NO* DATE OF
WAS THERE AN AUTOPSY? *NO*

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *J. J. Rowsey* M. D.
Aug 22 1928 (Address) *Macon, 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 *Oakwood Cemetery* DATE OF BURIAL *Aug 23 1928*

20. UNDERTAKER *Adm't Skinner* ADDRESS *Macon 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.

