T 22 1928

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

Do not use this space. 29846

1. PLACE OF DEATH

County: Butler — Registration District No.: 88 — File No.:

Township: Neely — Primary Registration District No.: 5130 — Registered No.: 30

City: (No. , St. Ward)

2. FULL NAME Hadley Haynes

(a) Residence. No. (Usual place of abode) Neelyville Mo St., Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	11	6	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Neelyville

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER S. H. Haynes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kosmona

(STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER Maggie Doyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kosmona

(STATE OR COUNTRY) Mississippi

14. INFORMANT S. H. Haynes

(Address) Neelyville Mo

15. FILED 9-30, 1928 R. L. Turner, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 29, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to Sept 29, 1928, that I last saw alive on Sept 17, 1928, and that death occurred, on the date stated above, at 2.00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23 A

(duration) — yrs. 11 mos. — ds.

CONTRIBUTORY (SECONDARY) None

(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical

(Signed) R. L. Turner, M. D

9-30, 1928 (Address) Neelyville 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: Neelyville Cemetery — DATE OF BURIAL: Sept 30, 1928

20. UNDERTAKER: N. T. Phelps — ADDRESS: Poplar Bluff 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County: Butler — Registration District No.: 88 — File No.:
Township: Neely — Primary Registration District No.: 5120 — Registered No.: 90
City: (No. , St. Ward)

2. FULL NAME: Hadley Haynes

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 23. 1909

7. AGE: Years X 18 Months X 11 Days 6 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED 19 R. L. Turner, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 29. 1928

17. I HEREBY CERTIFY, That I attended deceased from 19, to 19, that I last saw h. alive on 19, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D
, 19 (Address)

*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 19

20. UNDERTAKER — ADDRESS

SUPPLEMENTARY

N. B.—Every item of information should be given if available. Any item not supplied, or given in other than the CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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