FEB 21 1929

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 7

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph, Mo. (No. 3109 Olive St. Ward)

2. FULL NAME Harriet Jane Haynes

(a) Residence. No. 3109 Olive St., Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

11
6
9

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry C. Haynes

6. DATE OF BIRTH (MONTH, DAY AND YEAR): November 6, 1848

7. AGE: Years 80 | Months 1 | Days 26 | If LESS than 1 day, ..... hrs. or ..... min.

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

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9. BIRTHPLACE (CITY OR TOWN): Stewartsville
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Benjamin B. Gilmore
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Stewartsville
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Loari Holmes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

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14. INFORMANT: William H. Haynes
(Address): 3109 Olive

JAN 2

15. FILED 1929 19 John G. Wh REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): January 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1928, to Jan 2, 1929, that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 2:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

1074

100 a

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY)

(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? Clinical

(Signed) Kenneth F. Cook, M.D.

, 19 (Address) Phys & Surg Bldg

*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: Stewartsville, Mo.

DATE OF BURIAL: Jan. 4 1928

20. UNDERTAKER: Fleeman Funeral Home

ADDRESS: 1208 Francis

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.