

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

Do not use this space.

1431

1. PLACE OF DEATH

County Jackson
Township 1017
City Askeew

Registration District No. 39C
Primary Registration District No. 25C

File No. 18
Registered No. 18
St. 18 Ward

2. FULL NAME

(a) Residence. No. 1017 Askeew St. 12 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 3 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 Mo 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY)

10. NAME OF FATHER L. J. Haynes

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

12. MAIDEN NAME OF MOTHER Eileen Parnell

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

14. INFORMANT L. J. Haynes
(Address) 1017 Askeew

15. FILED 1/3, 1929 M. M. Conner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1928, to Jan 2, 1929
that I last saw h. alive on Jan 2, 1929 and that death occurred, on the date stated above, at 6:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Broncho
(Primary)
107A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
(Signed) John A. Bell M. D.

1/3, 1929 (Address) 917 Rialto 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 Elmwood Cem DATE OF BURIAL Jan 3 1929

20. UNDERTAKER W. W. Newcomer & Sons ADDRESS 211 E. 9th

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.

THIS IS A PERMANENT RECORD

10.10.1922
654 of 1000000
J. G. 0333