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

Do not use this space.
7201

1. PLACE OF DEATH
County: Macon — Registration District No.: 533
Township: Hudson — Primary Registration District No.: 3713
City: Macon Mo. (No. ..... St. ..... Ward)

File No. .....
Registered No. 13

2. FULL NAME Thomas Edgar 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. 30 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

MAR 23 1929

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(or) WIFE OF~~ Mary Dye

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	9	15	

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

9. BIRTHPLACE (CITY OR TOWN) Macon Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER James M Haynes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Washington Co. Ky
12. MAIDEN NAME OF MOTHER Margarete Bradshaw
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Scott Co. Ky

14. INFORMANT Lon Haynes
(Address) Macon Mo.

15. FILED 2/28 1929 Mrs Luke Hunter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1929, to Feb 18, 1929, that I last saw h. alive on Feb 17, 1929, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
(Primary)
(duration) yrs. 4 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) A L Gamble, M. D.
Feb 19 1929 (Address) Atlanta 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	DATE OF BURIAL
Haynes Family Cemetery	2-20. 1929

20. UNDERTAKER	ADDRESS
Stephens & Goodding	Macon Mo