

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

Do not use this space.

32173

File No. 9220

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County..... Registration District No. 781

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No. 1939a Papin)

**2. FULL NAME** Edmond Haislip

(a) Residence, No. 1939a Papin St. 27 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXX

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September-14-29

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	0	0	0	10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home

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

(c) Name of employer XXXX

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Arhtur Haislip

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Winchester  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Sabel Henney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Metaug  
(STATE OR COUNTRY) Illinois

14. INFORMANT Sabel Haislip  
(Address) 1939A Papin St.

15. FILED SEP 19 1929 Max C Standetz REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-14-29 11:30

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 10 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Premature Birth

159 (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) James Nothaven M. D.

(Address) 2625 So. Jefferson Ave.

\*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

St. Matthews Cemetery 9-16-29

20. UNDERTAKER

McLaughlin 1631 mo ave

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.

