BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43253

1. PLACE OF DEATH
County: Jerson
Township: Washington
City: ..... (No. ....., ... St. ..... Ward)
Registration District No.: 875
Primary Registration District No.: 6162
File No.: .....
Registered No.: 320

2. FULL NAME: Harry Haymaker
(a) Residence. No. State Hospital # 3 St., ... Ward. .....
(Usual place of abode) July 10/29 (If nonresident give city or town and State)
Length of residence in city or town where death occurred: yrs. 4 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fannie Haymaker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 25 1881

7. AGE: Years 48 | Months 6 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: barber
(b) General nature of industry, business, or establishment in which employed (or employer): 226
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kan.

PARENTS
10. NAME OF FATHER: John E. A. Haymaker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Sarah McDonald
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Fannie Haymaker
(Address): Aurora Mo.

15. FILED 1-7-, 19 30 E. R. King. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 1 1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to Dec. 1, 1929, that I last saw him alive on ....., 1929, and that death occurred, on the date stated above, at 12-45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
83
108
(duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY): Gen. paralysis of the insane (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) T. T. O'Dell, M. D.
Dec. 1, 1929 (Address) Nevada, 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: Aurora Mo — DATE OF BURIAL: Dec 2 1929
20. UNDERTAKER: Allen U Hays. — ADDRESS: Nevada Mo.

Fine King - Undertaker, Aurora 7770 1

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.