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

Do not use this space.

12398

File No.

Registered No. 22

1. PLACE OF DEATH

County Henry — Registration District No. 347

Township Clinton — Primary Registration District No. 3018

City Clinton Mo. (No. ; St. ; Ward)

2. FULL NAME Robert D Haire

(a) Residence. No. 415 S 2nd St., Ward.
(Usual place of abode)

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.

(If nonresident give city or town and State)

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) Maude M. Haire

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-2-1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	5	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Medical Doctor

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY) (Clark Co.)

PARENTS

10. NAME OF FATHER Samuel H. Haire

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

12. MAIDEN NAME OF MOTHER Eliza Laymaster

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

14. INFORMANT Mrs. Maude M Haire
(Address) Clinton, Mo

15. FILED 4/14, 1930 Wm. E. C. Peelor, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from January 1, 1930, to April 13, 1930, that I last saw him alive on April 13, 1930, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial pneumonia

92A

107A (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Chronic Mitral insufficiency (duration) 1 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) Drs Prague & Walker, M. D

4-14, 1930 (Address) Clinton 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
Clinton, Mo	4-15 1930
20. UNDERTAKER	ADDRESS
E. K. Gwyn & Sons	Belton, Mo.

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.

2 6 1930