

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

Do not use this space.

C

1. PLACE OF DEATH

County Permisecot
Township _____
City Stule (No. _____)

Registration District No. 655
Primary Registration District No. 5877
4392

File No. 40304-#
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rebia 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 1 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX W 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-1 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Nov-23/30, 1930, to Dec 1, 1930 that I last saw h. alive on Nov 23, 1930 and that death occurred, on the date stated above, at 5 a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1885

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 45 — — —

Apoplexy

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

CONTRIBUTORY (SECONDARY) 74 (duration) yrs. mos. ds. _____

9. BIRTHPLACE (CITY OR TOWN) Parsons (STATE OR COUNTRY) Texas

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____ DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

10. NAME OF FATHER Bob Quinn

18. WAS THERE AN AUTOPSY? _____

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

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Fred L. Cuyler M.D. (Address) Campberville 19 _____

12. MAIDEN NAME OF MOTHER unknown

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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

14. INFORMANT L. J. Haynes (Address) Stule mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL mt Lion cem DATE OF BURIAL 12-1 1930

15. FILED 12/1/31 Max P. Kelley REGISTERAR

20. UNDERTAKER German mottco ADDRESS Stule 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.

JUN 27 1931

