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.

MAY 27 193

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

Do not use this space.

15335

1. PLACE OF DEATH
County Randolph — Registration District No. 735
Township — Primary Registration District No. 3024
City Moberly (No. 718 Burkholder St. Ward)

File No.
Registered No. ~~82~~ 83

2. FULL NAME Jessie Haynie
(a) Residence, No. 718 Burkholder 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. 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 5th 1911

7. AGE: YEARS 20 — MONTHS 1 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 104
10. Date deceased last worked at this occupation (month and year) Jan. 1931
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: James Haynie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Elsie Crawford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mich.

17. INFORMANT (ADDRESS): James Haynie, Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Miller, Mo DATE Apl 23rd 1931

19. UNDERTAKER (ADDRESS): Mahan and Son, Moberly, Mo.

20. FILED April 30, 1931 Thos. S. Fleming, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apl 21st, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Apr. 21st, 1931
I last saw him alive on Apr. 21st, 1931. Death is said to have occurred on the date stated above, at 5:30 P.m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary — Date of onset

23A

Other contributory causes of importance:

23 (1)

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury —, 19
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) M. D. Lensley, M. D.
(Address) Moberly Mo.