

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

Do not use this space.

20185

1. PLACE OF DEATH

County Saline
Township Cambridge
City Cambridge (No. _____) St. _____ Ward _____

Registration District No. 794
Primary Registration District No. 3037A

File No. _____
Registered No. 15

2. FULL NAME

William Allen Haynes
(a) Residence, No. _____ 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 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 Alice Haynes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15 1884

7. AGE YEARS 78 MONTHS 1 DAYS 26 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ross Co Ohio

13. NAME Andrew Haynes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ross Co Ohio

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) W Haynes 1209 Smith Florence place Tulsa Ok

18. BURIAL, CREMATION, OR REMOVAL PLACE Walla City Okla DATE May 12 1931

19. UNDERTAKER (ADDRESS) Jones and Galt State Mo

20. FILED 5-11-31 J. A. Dowdman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 11 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-7-31 to 5-11-31. I last saw him alive on 5-10-31. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Bereberul Nephrositurgis Date of onset 5-7-31

82A J D A

Other contributory causes of importance:

none

Name of operation _____ Date of _____

What test confirmed diagnosis blinded Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ 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? _____

If so, specify _____

(Signed) J. A. Dowdman, M. D.

(Address) Tulsa Okla

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 29 1931

WHITE PRINT, WITH IMPAGING INK—THIS IS A PERMANENT RECORD

