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

Do not use this space.

33291

1. PLACE OF DEATH
County: Saline
Township:
City: Marshall (No. ..... St. ..... Ward)
Registration District No. 797
Primary Registration District No. 4477
File No.
Registered No. 15

2. FULL NAME: Richard Walthall Haynie
(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 56 yrs. 11 mos. 24 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~~ Ella Liggett Haynie

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-30-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56	11	24	

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

9. BIRTHPLACE (CITY OR TOWN) Miami
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Lawrence W. Haynie
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Emma Robertson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT George P. Haynie
(Address) Marshall, Mo.

15. FILED 9/24 1931 Frank H. Sullivan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-24 1931

17. I HEREBY CERTIFY, That I attended deceased from 9-11, 1931, to 9-24, 1931, that I last saw h. ~~alive~~ alive on 9-24, 1931, and that death occurred, on the date stated above, at 1:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart Block
(Right bundle branch block)
(duration) Just recent yrs. mos. ds.

CONTRIBUTORY (SECONDARY) X
(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? Electrocardiogram
(Signed) F. H. Sullivan M. D.
9-25, 1931 (Address) Miami, 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: Christian Cem. Miami Mo — DATE OF BURIAL: 9-25 1931
20. UNDERTAKER: Geo. Welborn — ADDRESS: Miami, 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.

WHICH FORMS A PERMANENT RECORD

OCT 28 1931