

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

Do not use this space.

1. PLACE OF DEATH *Colfax*
 24 County Registration District No. *201*
 5 Township Primary Registration District No. *3012*
 4 City *Liberty* (No. St. Ward)
 2. FULL NAME *Anna Mary Haynes*
 (a) Residence, No. *438 N. Leonard* St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *70* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. *510*
 Registered No. *8*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 14-1844*

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | <i>87</i> | <i>9</i> | <i>11</i> | |

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

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

10. Date deceased last worked at this occupation (month and year) *2-4-1932* 11. Total time (years) spent in this occupation *70*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Colfax Mo.*

FATHER 13. NAME *Edward C. Tillman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N.C.*

MOTHER 15. MAIDEN NAME *Keziah Thompson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

17. INFORMANT (ADDRESS) *Mrs. Louis Miller, Rockford, Ill.*

18. BURIAL, CREMATION, OR REMOVAL *Memorial*
 PLACE *Liberty Mo.* DATE *1/26 1932*

19. UNDERTAKER (ADDRESS) *Church-Lincher Co., Liberty Mo.*

20. FILED *2/10/32* 19 *W. H. Garrison* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 25, 1932*

22. I HEREBY CERTIFY That I attended deceased from *Jan 1929*, to *Jan 25, 1932*
 I last saw *her* alive on *Jan 25, 1932* Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
General Arterio Sclerosis
97 97
 Other contributory causes of importance:
 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? 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 *1*
 Nature of injury

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

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 22 1932

