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

Do not use this space.

1188

File No. 226

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K. C. Mo. (No. 321 N. Jackson St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Dorothy L. Haynes
(a) Residence, No. 321 N. Jackson St., 10 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: Fe.
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: Edward N. Haynes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 30 - 1904
7. AGE: Years 27 Months 3 Days 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Mo. 1

FATHER
13. NAME: Carlton J. Lathan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa 2

MOTHER
15. MAIDEN NAME: Florence A. Young
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan

17. INFORMANT: Edward N. Haynes
(ADDRESS) 321 N Jackson K. C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moriah DATE: January 21, 1932
19. UNDERTAKER: Mrs. E. L. Foster
(ADDRESS) K. C. Mo. 918 Brooklyn Ave.
20. FILED: Jan 20, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 19, 1932
22. I HEREBY CERTIFY, That I attended deceased from Feb, 1928, to Jany 19, 1932
I last saw her alive on Jany 19, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lung. Date of onset Feb 1928
23A 23B
Other contributory causes of importance:
Name of operation: Date of
What test confirmed diagnosis? Physical 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: 1
Nature of injury:
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. Porterton, M. D.
(Address) 638 Lockyp

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.

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

J. A. Elston
Lethrop - Vi - 4478