

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

Do not use this space.

4969

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township J.R.C.-Mo. Primary Registration District No. 100  
City Jackson City, Mo. W. J. Mercy Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 832  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1909 Long St., \_\_\_\_\_ Ward J.C.-Mo.  
(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 M. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1930

7. AGE YEARS 1 MONTHS 9 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
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) J.C.-Mo.

13. NAME Albert H. Haynes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Norma Allison

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

17. INFORMANT (ADDRESS) Albert H. Haynes  
1909 Long, J.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE Feb 29, 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster  
718 Broadway, J.C. Mo.

20. FILED 29 19 5:30 p.m. by Verowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-21-32, 1932, to 2-28-32.  
I last saw him alive on 2/28/32. Death is said to have occurred on the date stated above, at 2:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Bilateral Labor Pneumonia Date of onset 2/14/32  
158  
898 108  
Other contributory causes of importance: Bilateral Otitis Media

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Liberty Was there an autopsy? yes

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 (D)

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify George F. Campbell M. D.  
(Signed) Mercy Hospital  
(Address) J.C. 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.

S. NO. 1.

