

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

Do not use this space.

13608

1. PLACE OF DEATH
 88 County Randolph Registration District No. 735
 6 Township Moberly Primary Registration District No. 3034
 8 City Moberly (No. Woodland Hospital) Registrar's No. 4 Ward

2. FULL NAME William L. Haynes
 (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 yrs. mos. 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Haynes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 24th 1854
 7. AGE YEARS 78 MONTHS 10 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splines, sawyer, bookkeeper, etc. Retail Grocer
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 FATHER 13. NAME Wm. Haynes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.
 MOTHER 15. MAIDEN NAME Rebecca Orr
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S.C.
 17. INFORMANT Ed. Haynes
 (ADDRESS) Moberly
 18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE May 1st 1932
 19. UNDERTAKER William and Son
 (ADDRESS) Moberly Mo
 20. FILED 4/29 1932 Thos. S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29th 1932
 22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1932, to Apr 29, 1932
 I last saw him alive on Apr 29, 1932 Death is said to have occurred on the date stated above, at 2:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Transverse Myelitis Date of onset Apr 20
26
81A 1
 Other contributory causes of importance: Spondylitis about 12th thoracic
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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? No
 If so, specify Shut Filing
 (Signed) _____ M. D.
 (Address) Moberly 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.

MAY 28 1932

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