

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

Do not use this space.

15267

**1. PLACE OF DEATH**

10 County Boone  
1 Township  
1 City Ashland Mo (No. \_\_\_\_\_)

Registration District No. 71  
Primary Registration District No. 3710A

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Sara J Haynie

(a) Residence, No. Ashland mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C P Haynie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 5 15

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

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) N. Carolina 2

13. NAME James hester 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S Carolina

15. MAIDEN NAME Mary C Bundy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S Carolina

17. INFORMANT (ADDRESS) Ben Haynie  
Boone mo

18. BURIAL, CREMATION, OR REMOVAL PLACE June 1 1932 DATE New Salem

19. UNDERTAKER (ADDRESS) R O Willet  
Columbia

20. FILED 5-31 1932 A. J. Nicholas  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1 1932 to May 31 1932

I last saw her alive on May 29 1932. Death is said to have occurred on the date stated above, at 8:45 A.M.

The principal cause of death and related causes of importance were as follows:

chronic nephritis Date of onset

Other contributory causes of importance: 131 131 131 131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? chronic 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 \_\_\_\_\_

(Signed) N. B. Dwyer M. D.  
(Address) Ashland 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.

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

JUN 21 1932

