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

Do not use this space.

23011

File No. 5

Registered No. 210

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME: O. Ben Haynie
(a) Residence, No. St., Ward. Belton 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: Male
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: Albetta Haynie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 9 1904

7. AGE: Years 27 | Months 9 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: State Highway 113
10. Date deceased last worked at this occupation (month and year): June 1932
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green Co Missouri 1

FATHER
13. NAME: Chas W Haynie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Green Co Missouri

MOTHER
15. MAIDEN NAME: Rebecca Stalker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana 2

17. INFORMANT (ADDRESS): Chas W. Haynie Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Belton Mo DATE: July 29 1932

19. UNDERTAKER (ADDRESS): E. R. Grove & Sons Belton Mo.

20. FILED: July 27, 1932 M. M. Crouse Asst Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-14-32, 19..., to 7-27-32, 19...
I last saw him alive on 7-27-32, 19... Death is said to have occurred on the date stated above, at 3:24 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphlococcic Septicemia	7-1-32
Multiple Lung Abscesses	approx.
and Staphlococcic Pneumonia	mate
DEPT. 109 B 137	

Other contributory causes of importance:
Multiple Prostate Abscesses
Suppurative Arthritis of
Left clavicle

Name of operation: None Date of:
What test confirmed diagnosis? Inspection 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?
If so, specify
(Signed) Thomas Anderson for Dr. H. A. Brayton M. D.
(Address) St Luke's Hospital K.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.

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