

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

Do not use this space.

32640

File No. 16  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

49 County Gasper  
Township Salina  
5 City Salina Mo. (No. \_\_\_\_\_)

Registration District No. 411  
Primary Registration District No. R 007

**2. FULL NAME**

A. N. Haines

(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) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1878  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54  
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) 3 months ago 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Joe Haines

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

15. MAIDEN NAME Rhodie Keeton

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

17. INFORMANT (ADDRESS) Clifford Haines, Salina, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Louell Cemetery DATE 10-19-1932

19. UNDERTAKER (ADDRESS) B. M. Clark, Salina, Kansas

20. FILED 10/17 1932 A. Benson Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932 to Oct 17, 1932  
I last saw him alive on Oct 17, 1932 Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Surgical shock  
Subsical operation for open reduction of right femur 210 M  
Date of onset

Other contributory causes of importance:  
fracture of right femur in auto. traffic accident

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury \_\_\_\_\_, 1932

Where did injury occur? Rueben, Kansas  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Public place  
Manner of injury auto accident  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) A. Mitchell Keys, M. D.  
(Address) Salina Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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