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.

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

Do not use this space.

35595

1. PLACE OF DEATH

48

County JACKSON — Registration District No. 398 — File No.

Township BLUE — Primary Registration District No. 5554 — Registered No. 354

City ~~KANSAS~~ CITY (No. 804 OVERTON - MT. WASHINGTON St. Ward)

2. FULL NAME ELWOOD CURTIS HAINES

(a) Residence, No. 804 - OVERTON St., Ward. (If nonresident, give city or town and State)
(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.

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~~) MRS. ELIZABETH HAINES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-27-1850

7. AGE: YEARS 82 — MONTHS 10 — DAYS 48 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. RAILROAD WORK

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MECCA INDIANA

FATHER

13. NAME WILLIAM HAINES

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

MOTHER

15. MAIDEN NAME NANCY FEAZEL

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

17. INFORMANT (ADDRESS) MISS DELLA HAINES 804 OVERTON ROAD

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON VAULTS DATE NOVEMBER-21, 1932

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY MISSOURI

20. FILED Nov. 18, 1932 F L Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER-18 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/10, 1927, to 11/18, 1932

I last saw him alive on 11/18, 1932. Death is said to have occurred on the date stated above, at 5:30 A.m.

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

	Date of onset
Shock	
Senility	
1860	
1940	
1860	

Other contributory causes of importance:

Bruise to hip from fall — 14

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 11/1, 1932

Where did injury occur? K.C. Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Bruise to hip

Nature of injury severe Bruise

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M. D.

(Address) 10307 Indep Ave KCMO

10307 Independence Ave.
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