

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.

39859

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 3711 Walnut st.)

File No. 4867
Registered No. _____
St. _____ Ward _____

2. FULL NAME Nancy Ann Haines

(a) Residence, No. 3711 Walnut st. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 6 wks. 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-13-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ches
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) Kansas City /
(STATE OR COUNTRY) Missouri

13. NAME Robert Ashley Haines

14. BIRTHPLACE (CITY OR TOWN) Columbus 2
(STATE OR COUNTRY) Kansas

15. MAIDEN NAME Grace Sayre

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

17. INFORMANT (ADDRESS) Robert Ashley Haines
3711 Walnut st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Dec. 21 1932

19. UNDERTAKER (ADDRESS) Freeman Mortuary and Chapel
Kansas City, Mo.

20. FILED 12/20 1932 M. M. Browne
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1932 to Dec 19 1932

I last saw him alive on Dec 19 1932. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:
Erysipelas Date of onset 12-16-32

Other contributory causes of importance:
150 15

8 Name of operation 1 Date of _____

What test confirmed diagnosis? _____ 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) H. A. Purdy M. D.

(Address) 918 Medical Bldg

