

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

Do not use this space.

1. PLACE OF DEATH

48 County Jackson
10 Township Haw
7 City H. L. Mo. (No. 2642 Victor)

Registration District No. 399
Primary Registration District No. 1002

File No. 1310
Registered No. 40
St. _____ Ward _____

2. FULL NAME

Dr. Frank M. Haysmith
(a) Residence, No. 2642 Victor 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 M 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora R Haysmith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-9-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 23

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

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) Michigan

13. NAME John Haysmith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Mary E Stockholan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

17. INFORMANT (ADDRESS) Florence Haysmith
2642 Victor

18. BURIAL, CREMATION, OR REMOVAL By auto
PLACE Boonville MO. DATE 1-4-33

19. UNDERTAKER (ADDRESS) W. C. D. Coaster
H. L. Mo.

20. FILED 1-4-1933 M. M. Crowe
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-1933

22. I HEREBY CERTIFY That I attended deceased from Jan 2 1932, to Jan 2 1932
I first saw him alive on Jan 2 1932 Death is said to have occurred on the date stated above, at 8:52 pm.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82 A
97
J. J. W.
Other contributory causes of importance:
Arteriosclerosis
Date of onset Jan 2

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? _____ 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 John H. Lapp, M. D.
(Signed) John H. Lapp
(Address) 1314 Professional Bldg

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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