

Colfer - Kennett
Sillmore

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

Do not use this space.

1. PLACE OF DEATH
 County Dunklin Registration District No. 288
 Township Independance Primary Registration District No. 44-42
 City (No.) St. Ward

2. FULL NAME L. J. Haney
 (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.

File No. 16176

Registered No. _____

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 Alice Haney
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 14
 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) 5-5-33 11. Total time (years) spent in this occupation 45 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mt Vernon Ill

13. NAME

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

15. MAIDEN NAME OK

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

17. INFORMANT George Haney
(ADDRESS) 1 Kennett Mo R2

18. BURIAL, CREMATION, OR REMOVAL PLACE M. C. Clough DATE 5/8 1933

19. UNDERTAKER (ADDRESS) W. H. Sibley
Dunklin, Mo.

20. FILED May 6 1933 W. H. Sibley
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1933
 22. I HEREBY CERTIFY, That I attended deceased from May 5 1933, to May 5 1933
 I last saw him alive on May 5 1933 Death is said to have occurred on the date stated above, at 8 a.m.

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

Pertionitis
ruptured appendix
 Other contributory causes of importance:
 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 George G. Gorman D.O. M. D.
 (Signed) _____ (Address) Kennett Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING
 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.

MAY 22 1933

V. S. NO. 2

