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.

JUN 22 1933

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

Do not use this space.

16881

1. PLACE OF DEATH
County Jasper — Registration District No. 4 — File No. 185
Township Galena — Primary Registration District No. 2007 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Earl Leroy Haymon
(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 M. — 4. COLOR OR RACE Indian — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1903

7. AGE — YEARS 29 — MONTHS 9 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher
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) Seneca Mo.

FATHER
13. NAME Francis Haymon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Cora Pickering
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon.

17. INFORMANT (ADDRESS) Claud Haymon Chillocco Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rhizentotte Okla. DATE 5-9, 1933

19. UNDERTAKER (ADDRESS) Grover Jr. Todd Picher Okla.

20. FILED 5/7 1933 A. Denson Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1933 to May 7, 1933
I last saw him alive on May 7, 1933. Death is said to have occurred on the date stated above, at 79 m.
The principal cause of death and related causes of importance were as follows:

Shock & Hemorrhage from Gunshot wound from Abdomen

Date of onset

173

Other contributory causes of importance:

173

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury ..... 19.....
Where did injury occur? Jasper Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Gunshot wound
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W. J. Hogan, M. D.
(Address) Bristol

Dr. B. E. DeTar

E. Off R.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 08

1. PLACE OF DEATH

County: Jasper State: Missouri Registered No.

Township: not on the Klamath Reservation or

City: Joplin No.: St. John's Hospital St.: Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

a few hours

2. FULL NAME: EARL LEROY HAYMON

(a) Residence: No. Eagle Picher Club House Ward. Picher, Oklahoma

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: 1/2 Modoc Indian

5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word): Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy Clark Haymon

6. DATE OF BIRTH (month, day, and year): 1904

7. AGE: Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Picher Okla. H.S.

10. Date deceased last worked at this occupation (month and year): May, 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: Francis Marion Haymon

14. BIRTHPLACE (city or town) (State or country): Indiana

MOTHER

15. MAIDEN NAME: Cora James

16. BIRTHPLACE (city or town) (State or country): Oregon

17. INFORMANT: Records (Address) Klamath Agency

18. BURIAL, CREMATION, OR REMOVAL: Modoc Cemetery Date 5-9-1933

19. UNDERTAKER: Todd Funeral Home (Address) Picher Okla.

20. FILED 5-7 1933 Ed A Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): May 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 7th 1933 to May 7th 1933

I last saw him alive on May 7th 1933 death is said to have occurred on the date stated above, at 7:00 a.m.

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

	Date of onset
Shock and hemorrhage	
Following gunshot wound of	May
the abdomen. (shot with a	7th
pistol)	1933

Other contributory causes of importance:

Exlporatory to control hemorrhage

Name of operation: Date of: 5/7/33

What test confirmed diagnosis? Oper. 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 5/7 1933

Where did injury occur? Hold up near Joplin Mo (Specify city or town, county, and State)

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

Manner of injury: Deceased innocent bystander shot in hold up of cafe.

Nature of injury: Gunshot wound.

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

If so, specify: No

(Signed) B E DeTar, M. D.

(Address) Joplin, Mo

c11—3184

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

S-16881

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

U. S. GOVERNMENT PRINTING OFFICE: 1929 c11—3134