

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

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 4004)

Registration District No. 399
Primary Registration District No. 1002
Jackson

19767

File No. _____
Registered No. 2482
St. _____ Ward _____

2. FULL NAME Minnie Hayney

(a) Residence, No. 4004 Jackson 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
MARRIED OF Thomas Z. Hayney
(OR) Widow of

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 13

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

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) Newmarket
(STATE OR COUNTRY) Conn

13. NAME unknown

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

15. MAIDEN NAME unknown Parrott

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

17. INFORMANT Thomas Z. Hayney
(ADDRESS) 4004 Jackson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springton DATE June 15 - 33

19. UNDERTAKER S. J. Hartley
(ADDRESS) 317 1/2 E. 1st

20. FILED June 14 1933 M. Wm. Corne
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 - 33 1933

22. I HEREBY CERTIFY, That I attended deceased from June 3 1933, to June 11 1933
I last saw her alive on June 11 1933. Death is said to have occurred on the date stated above, at 10:50 P.M.

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

930 930

Other contributory causes of importance:
None to my knowledge

Name of operation none Date of _____

What test confirmed diagnosis Symptoms 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) W. J. Butler, M. D.
(Address) 3700 Benton Blvd.

Dr. Butler
3700 ~~Butler~~
~~Passes~~