

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.

SEP 26 1933

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

Do not use this space.

1. PLACE OF DEATH  
 12 County Benton Registration District No. 87  
 Township Beaver Dam Primary Registration District No. 5129  
 City (No. City No. Ward) \_\_\_\_\_  
 2. FULL NAME Gas. Hobart Haymon  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Harvill mo.  
 (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.

22433  
 File No. \_\_\_\_\_  
 Registered No. 12

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 Beatrice Haymon  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1897 Est  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
36 Est.  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation 10  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 13. NAME Wm Haymon  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 15. MAIDEN NAME Not known  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known  
 17. INFORMANT (ADDRESS) Hessie Haymon  
Example - 200  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Kinzie DATE 7-3 1933  
 19. UNDERTAKER (ADDRESS) Frank Vard - Co  
Poplar Bluff mo.  
 20. FILED 7-3- 1933 M. M. Law  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2 1933  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Accidental Drowning in Can Creek 2 mi S of Harvill mo  
 Date of onset 11:58  
 Other contributory causes of importance: 183  
 Name of operation \_\_\_\_\_ 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? ACCIDENT Date of injury 7-2, 1933  
 Where did injury occur? Near Harvill mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Public place  
Stepped off into deep hole  
 Nature of injury Drowned  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Richard Reynolds  
 (Address) Poplar Bluff

