

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.

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

Do not use this space.

29858

3784

1933

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Hart Primary Registration District No. 100
 City R. C. No. 4028 Garfield (No. 4028 Garfield St. _____ Ward _____)

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

2. FULL NAME

Robert S. Haislip

(a) Residence, No. 4028 Garfield St. _____ Ward _____

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-25-1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>3</u>	<u>28</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. contractor

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) Mo

13. NAME no Record Haislip

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

15. MAIDEN NAME Viola Chamber

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

17. INFORMANT Leslie Haislip

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 9-24-33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster

20. FILED 9-25-33 M. M. Brown Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-23-1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1-1932 to Sept 23-1933

I last saw him alive on Sept 22-1933. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Chronic Myocarditis 9-1-32
93c
97

Other contributory causes of importance:
Arterio Sclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? X (Specify city or town, county, and State)

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

Manner of injury X

Nature of injury ca

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

If so, specify John L. Robinson M. D.

(Signed) John L. Robinson M. D.
 Address 370 Altman Bldg.

W. V. ...
Altman Pldg.

nr 4060