

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

Do not use this space.

34863

File No. \_\_\_\_\_  
Registered No. 9040  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
Township \_\_\_\_\_ Primary Registration District No. 003  
City, St. Louis, Mo. (No. City Hospital 702)

**2. FULL NAME**

Jack Haynes  
(a) Residence, No. 1904 Papine St. 22 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 col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lin Haynes  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 1 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer  
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) Medeney Tenn

13. NAME Lidge Haynes

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

15. MAIDEN NAME Eliza Grimes

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

17. INFORMANT Bin Haynes  
(ADDRESS) 1904 Papine St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Nicholas DATE 10-20 1933

19. UNDERTAKER English Undertaking Co.  
(ADDRESS) 2913 S. Washington Ave

20. FILED 20 1933  
J. H. Bredbeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15, 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 1:30 p.m.

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

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Fracture of Skull  
Lacerated Wound of Forehead,  
Manner and cause could  
not be ascertained.

Other contributory causes of importance: \_\_\_\_\_

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? Unknown Date of injury Feb., 19\_\_\_\_

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

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

Manner of injury Unknown

Nature of injury Fracture of Skull

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

If so, specify \_\_\_\_\_

(Signed) Chas. J. Sweeney

(Address) Deputy Coroner

10/19/33

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.

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