MAR 24 1934

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

Do not use this space.

5202

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No.
Township ~~Kan~~ — Primary Registration District No. 1928 — Registered No.
City Kansas City (No. 5601 Forest St., 928 Ward)

2. FULL NAME Shirley Irene Haynes
(a) Residence, No. 5601 Forest St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1907

7. AGE: YEARS 26 — MONTHS 8 — DAYS 18 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Perry Kansas

FATHER
13. NAME Mr. Hugh Haynes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Kansas

MOTHER
15. MAIDEN NAME Kathleen Flagg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT (ADDRESS) Mrs. Kathleen Haynes 5601 Forest St. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Perry, Kansas DATE 2/27/34 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City, Missouri

20. FILED 2-26 1934 M. M. Crowe Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Corpus 19, to ....., 19....
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Search by hanging | |
| 165 | |

Other contributory causes of importance: no 165

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 2/24/34
Where did injury occur? 5601 Forest Street (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Hanging [illegible]
Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

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.