

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Brunswick
Township
City Springfield

Registration District No. 318
Primary Registration District No. 2001
No. 1501 W. Kearney St.

File No. 12578
Registered No. 174
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1501 W. Kearney St. Ward _____

(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (and under word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Geneva Haynes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 20

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, Mo.

13. NAME Jacob Haynes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus, Ohio

15. MAIDEN NAME Mary E. Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Tennessee

17. INFORMANT (ADDRESS) Mrs. W. B. Peters, 1501 W. Kearney

18. BURIAL, CREMATION, OR REMOVAL PLACE Gracie Grove DATE April 26 1934

19. UNDERTAKER (ADDRESS) F. C. Thieme, Springfield, Mo.

20. FILED 456 1934 Ray W. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1934

22. I HEREBY CERTIFY, that I attended deceased from 4-9-1934 to 4-24-1934

I last saw him alive on 4-22-1934 Death is said to have occurred on the date stated above, at 5:30 m.

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

Cancer of stomach, 1 year

Other contributory causes of importance: Probably an accident of 24 years ago.

Name of operation _____ 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 _____, 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? _____

If so, specify _____

(Signed) C. E. Zeller, M. D.

(Address) Springfield, Mo.

