

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

Do not use this space.

JUN 30 1934

21276

1. PLACE OF DEATH
 County New Madrid Registration District No. 604
 Township New Madrid Primary Registration District No. 4348
 City New Madrid (No.) St. Ward
 File No.
 Registered No.

2. FULL NAME Alvin Haynes
 (a) Residence, No. St. 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

A MEDICAL CERTIFICATE OF DEATH

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 Allee May
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1884
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
about 50
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) New Madrid County
 13. NAME Nemrod Haynes
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid County
 15. MAIDEN NAME Lucy - Haynes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid County
 17. INFORMANT Mrs. C. L. Book
 (ADDRESS) Emergence Cemetery New Madrid, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Emergence DATE June 20, 1934
 19. UNDERTAKER Richard Lind Co.
 (ADDRESS) New Madrid
 20. FILED 121 1934 W. B. Bannan Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1934
 22. I HEREBY CERTIFY, That I attended deceased from May 18, 1934 to June 19, 1934
 I last saw him alive on June 19, 1934. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Failure
(mitral valve lesion)
131
20
102
 Other contributory causes of importance:
hypertension, hyperuricemia
 Name of operation Date of
 What test confirmed diagnosis? Typical Was there an autopsy? Yes
 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? Yes
 If so, specify W. B. Bannan
 (Signed) W. B. Bannan, M. D.
 (Address) New Madrid, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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#2 *New Madrid*

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Alvin Haynes
Who died at _____ on June - 19 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W ~~Single, married, widowed or divorced:~~ _____

Date of birth _____ Age: about 50 Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Cardiac Failure - (Mitral Valve Lesion)

Other contributory causes of importance Nephritis - Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Dr. L. Ogden New Madrid Mo

Address of physician _____

Signature of Registrar [Signature]

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 604 Very truly yours,

Primary Reg. Dist. No. 4358

E. T. McGaugh, M.D.
Special Agent.

S-21276