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

JAN 18 1935

Do not use this space.

39679

File No. 52103

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Raw — Primary Registration District No. 1002

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Margaretha Haynes

(a) Residence, No. 23 + Blue Ridge 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

3. SEX F

4. COLOR OR RACE Wh

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1852

7. AGE Years 72 Months 6 Days 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1866

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER

13. NAME Bach

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

MOTHER

15. MAIDEN NAME Rose

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

17. INFORMANT Kenneth Haynes
(ADDRESS) 23 + Blue Ridge

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Nov 30 1934

19. UNDERTAKER Rose + Henderson
(ADDRESS) 15 Grand

20. FILED Dec 3, 1934 M. M. Clemens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/34, 19

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 6:45 p.m.

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

Pneumonia of right lung — Date of onset

Bronchopneumonia

Other contributory causes of importance:

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 ..... 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 Fell on yard at home

Nature of injury .....

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

If so, specify .....

(Signed) ....., M. D.

(Address) .....