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.

APR 12 1935

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

Do not use this space.

8121

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85
Township: — Primary Registration District No.: 1001
City: St. Joseph, (No. 6524 Sherman Street, St., Ward)

File No.:
Registered No.: 292

2. FULL NAME: Ada Bell Haynes
(a) Residence, No. 6524 Sherman Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. 9 mos. 24 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): May.17.1919.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
15	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Girl
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): St. Joseph, Missouri.

FATHER
13. NAME: Phillip Haynes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri

MOTHER
15. MAIDEN NAME: Nancy Hillin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri

17. INFORMANT (ADDRESS): Phillip Haynes 6524 Sherman St St. Joseph, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Joseph, Mo. Ashland Cemetery DATE: March 19 35

19. UNDERTAKER (ADDRESS): H. O. Sidenfaden, 1802 Union Str St. Joseph, Mo.

20. FILED: 3-12- 19 35 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March.11 19 35 Autopsy's

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to March.11th, 19 35
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8/10a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spinal Meningitis	
Epidemic	
18	

Other contributory causes of importance:
no facts

Name of operation: none Date of:
What test confirmed diagnosis? autopsy 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? No
If so, specify
(Signed) Jornst Thomas Coroner, M. D.
(Address) 731 Faraon