

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

Do not use this space.

MAY 27 1935

12617

1. PLACE OF DEATH

County Henry

Registration District No. 14

Township Windsor

Primary Registration District No. 4211

City Windsor (No. 12)

St. 12 Ward

2. FULL NAME

James Wiseman Haydon

(a) Residence, No. 400 East Benton

St. 12 Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 13, 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

87

3

3

OCCUPATION

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

Rt. 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)

Boone County, Mo.

FATHER

13. NAME

Sam Haydon

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT Mrs. Mary Dunnahoo
(ADDRESS) Dallas, Texas

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland, Mo. DATE 4-19-35

19. UNDERTAKER Huston-Turner Mortuary
(ADDRESS) Windsor, Missouri

20. FILED

19 35

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16-35 19

22. I HEREBY CERTIFY, That I attended deceased from

April 14, 1935, to April 16, 1935

I last saw him alive on April 15, 1935. Death is said
to have occurred on the date stated above, at 11:55 pm

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

Cardiac decompensation

Date of onset

4/14/35

Other contributory causes of importance:

Name of operation:

Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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)

Ray B. Jordan

M. D.

(Address)

Windsor, Mo.

