

JUN 3 1935

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

Do not use this space.

14004

1. PLACE OF DEATH

County Randolph

Registration District No. 735

Township Moberly

Primary Registration District No. 3034

City Moberly (No. 612 W. Coates)

File No.

Registered No. 81

2. FULL NAME

Joseph Warner Haynes

(a) Residence, No. 612 W. Coates St., Ward.

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21st 1835

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
99 9 23

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

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) Tenn

13. NAME Levi Haynes

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

15. MAIDEN NAME Rebecca Orr

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

17. INFORMANT (ADDRESS) E. J. Haynes

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Apr 16th 1935

19. UNDERTAKER (ADDRESS) Mohran and Son

20. FILED 4/16/35 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1934 to April 14th 1935

I last saw him alive on March 29th 1935 Death is said to have occurred on the date stated above, at 1:10 p.m.

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

Chr Myocarditis

Date of onset ?

Other contributory causes of importance: Arterio sclerosis

Name of operation None Date of No
What test confirmed diagnosis? Clinical 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 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) Thos J Fleming M. D.
(Address) Moberly, Mo.

25-26-27

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