JUL 18 1935

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

Do not use this space.

19092

**1. PLACE OF DEATH**

County: Butler — Registration District No.: 89

Township: P[illegible] — Primary Registration District No.: 5131

City: Poplar Bluff (No. ..... St. ..... Ward)

File No. ..... Registered No.: 108

**2. FULL NAME** Cynthia Haynes

(a) Residence, No. 202 Fair St. Poplar Bluff Mo Ward. (Kellerstown add)
(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 27 1862

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 72 | 8 | 12 | |

**OCCUPATION**

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

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): Preston Ill

**FATHER**

13. NAME: Jacob Biswell

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

**MOTHER**

15. MAIDEN NAME: Susan Jones

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

17. INFORMANT (ADDRESS): Mrs M. W. Hopper Poplar Bluff Mo R 5

18. BURIAL, CREMATION, OR REMOVAL
PLACE: City DATE: June 21, 1935

19. UNDERTAKER (ADDRESS): N. T. Phillips Poplar Bluff Mo

20. FILED: 6-21, 1935 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935, to June 19, 1935. I last saw her alive on June 19, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

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

| | Date of onset |
|---|---|
| Chronic Nephritis | |
| Myocarditis | 1 yr. |

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Laboratory 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) J Lee Barnes, M. D.

(Address) Poplar Bluff Mo

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.