

MARGIN RESERVED FOR BINDING

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.

OCT 30 1935

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

Do not use this space.

33977

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **219 No 19 St** (No. **New Olive Hotel** **2127 19th St.**) Ward)

2. FULL NAME

FRED HAYNES
(a) Residence, No. **4236 West Manchester** Ward. **19** (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **25** 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) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Ida M Haynes		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 26 - 1867		
7. AGE 68	YEARS 0	MONTHS 10
		DAYS 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Owner		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel		
10. Date deceased last worked at this occupation (month and year) Sept 1935		11. Total time (years) spent in this occupation 45
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Medora Ill		
13. NAME John Haynes		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
15. MAIDEN NAME Sarah Stover		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown		
17. INFORMANT (ADDRESS) Ida M Haynes 4236 West Manchester		
18. BURIAL, CREMATION, OR REMOVAL Medora Ills DATE Oct 8 1935		
19. UNDERTAKER (ADDRESS) Henry L Heidemann 62013 13th St		
20. FILED OCT -7 1935 J. J. Prebeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 5th** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **March 15th 1935** to **Oct 5th 1935**.
I last saw him... alive on **Oct 5th 1935**. Death is said to have occurred on the date stated above, at **2:50 P.M.**
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset

Other contributory causes of importance:
Ataxic Paraplegia

Name of operation **None** Date of

What test confirmed diagnosis? 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) **E. H. Wheeler** M. D.
(Address) **404 Frisco Bldg.**

