APR 11 1936

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

Do not use this space.

12486

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis (No. 4234 Maffitt Avenue, West St. ..... Ward)

File No. .....

Registered No. 2508

2. FULL NAME Mentle Spencer Haynes

(a) Residence, No. 4234 W. Maffitt Avenue St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1868

7. AGE: YEARS 67 | MONTHS 11 | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) ? 1929

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dixon Springs Tennessee

FATHER

13. NAME Create Haynes

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

MOTHER

15. MAIDEN NAME Martha Swain

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

17. INFORMANT (ADDRESS) Robert Haynes 2416 North Whittier Street,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Mar. 9th, 1936

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED MAR 6 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1936, to March 4th, 1936

I last saw him alive on March 3rd, 1936. Death is said to have occurred on the date stated above, at 5: A.M.

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

	Date of onset
Uremia following Chr Nephritis	3/1/y 1936
Other contributory causes of importance: Mitral Insufficiency	1 yr

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? no 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) [signature], M. D.

(Address) 4322a Easton Avenue.

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD