

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.

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

Do not use this space.

14464-a  
186  
File No. ~~7545~~ 4936  
Registered No. ~~188~~

SEP 21 1936

1. PLACE OF DEATH

County Cedar  
Township Benton  
City Stockton (No. \_\_\_\_\_)

Registration District No. 164  
Primary Registration District No. 5229

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME David Leo Haines

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6th. 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
3 10

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

13. NAME J. R. Haines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

15. MAIDEN NAME Kate Berning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller, Mo.

17. INFORMANT J. R. Haines  
(ADDRESS) Stockton, Missouri.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hamby Cemetary DATE April, 17, 1936

19. UNDERTAKER W. C. Davis & Co.  
(ADDRESS) Stockton, Missouri.

20. FILED 8-26 1936 Mrs. Mary Haines  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1936, to April 16, 1936.  
I last saw him alive on April 16, 1936. Death is said to have occurred on the date stated above, at 8 a. m.

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

Pneumonia  
Influenza  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) H. J. Simpell, M. D.  
(Address) Stockton, Mo.

