

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

Do not use this space.

25948

1. PLACE OF DEATH
 County Clay 18 1936
 Township Tapscott
 City Holt (No. 21)

Registration District No. 199
 Primary Registration District No. 5279A

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Myrtle M. Haynes

(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 F 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 Wm Haynes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER William Carver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Anna Sell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa
 (STATE OR COUNTRY)

14. INFORMANT Mrs Anna Holt
 (Address) Holt - Mo

15. FILED 7/15 1936 W.A. Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1936

17. I HEREBY CERTIFY, That I attended deceased from June 1934, to July 14 1936
 that I last saw her alive on July 14 1936, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Miliary Tuberculosis & tubercular emphysema
Chronic Myocarditis & Cardiac failure
 (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) Edwin E. Becker, M.D.

July 14, 1936 (Address) Laurson Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Anteoral

DATE OF BURIAL July 16 1936

20. UNDERTAKER Leonard Fry

ADDRESS Kearney 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.

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