SEP 18 1936

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 29976
Township — Primary Registration District No. 1001 — Registered No. 1081
City St Joseph (No. 721, Powell St. Ward)

2. FULL NAME Henry Haye
(a) Residence, No. 721 Powell 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: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lizzie Haye
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 17 - 1874
7. AGE: 62 YEARS — MONTHS — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labore
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Labore
10. Date deceased last worked at this occupation (month and year): Labore
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo / Mo

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Unknown

17. INFORMANT (ADDRESS): Lizzie Haye 721 Powell
18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: Aug 20 1936
19. UNDERTAKER (ADDRESS): Rawlings, Mortuary 1624 Messanie
20. FILED 8-20, 1936 H. J. Nesselbach Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 18 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-30 1935 to 8-18 1936
I last saw him alive on Aug 18 1936. Death is said to have occurred on the date stated above, at 1:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1 day

Other contributory causes of importance: Progressive Myositis Ossificans
Name of operation: Several months Date of
What test confirmed diagnosis? clinical 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) Fenton Gundaw, M. D.
(Address) 2161 W. W. Mo Ave

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.