

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

Do not use this space.

SEP 25 1936

**1. PLACE OF DEATH**

County Miller  
Township.....  
City Bedon (No. ....)

Registration District No. 561  
Primary Registration District No. 4330

File No. 31690  
Registered No. 74  
St. .... Ward)

**2. FULL NAME Benjamin Franklin Haynes**

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah J. Haynes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5<sup>th</sup> 1857  
7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.  
84 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer  
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) Pleasant Mt. Missouri

FATHER 13. NAME Martin Haynes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Kentucky

MOTHER 15. MAIDEN NAME Margaret Hixson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Kentucky

17. INFORMANT (ADDRESS) W.M. Haynes Bedon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salon DATE Aug 9 1936

19. UNDERTAKER (ADDRESS) Phillips Funeral Home

20. FILED Aug 8 1936 Belle Haynes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/17 1936 to 8/7 1936  
I last saw him alive on 8/7 1936 Death is said to have occurred on the date stated above, at 12:20 AM  
The principal cause of death and related causes of importance were as follows:

Coronary occlusion  
93%  
myocarditis  
Other contributory causes of importance: ?

Date of case: 9/7/36

Name of operation..... Date of.....  
What test confirmed diagnosis? Chemia 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) G.D. Walker M. D.  
(Address) Bedon 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.

