

Relieved

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V. S. NO. 2
100M-3-28-35

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.

OCT 22 1936

35014

1. PLACE OF DEATH.

County Mississippi
Township Imperial
City Charleston (No.)

Registration District No. 566
Primary Registration District No. 5762

File No.
Registered No. 120 St. Ward)

2. FULL NAME

(a) Residence, No. RD # 3 St., Ward.

Length of residence in city or town where death occurred 30 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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>May Haynes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 13 1885</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>11</u>
	DAYS <u>4</u>	if LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ripley Tennessee</u>
	13. NAME <u>Unknown</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>

17. INFORMANT (ADDRESS) <u>Thos May Haynes RD # 3 Charleston, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACED <u>S. O. O. Cemetery</u> DATE <u>Oct 19 36</u>
19. UNDERTAKER (ADDRESS) <u>Frank Lail, Funeral Services Charleston, Mo.</u>
20. FILED <u>Sept-25th 1936</u> <u>F. D. Vernon</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17 1936

22. I HEREBY CERTIFY, That I attended deceased from on 9/17 36 to 1936

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 9:30 P m.

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

Coronary Occlusion 9/17/36

Other contributory causes of importance:
(Died in few minutes after I saw him)

Name of operation none Date of.....
What test confirmed diagnosis? Cl. symptoms Was there an autopsy? yes

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) Chas. Palewing M. D.
(Address) Charleston, Mo.

OCT 9 1944