DEC 4 1936

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No. 38951
Township — Primary Registration District No. 60339 — Registered No. 391
City Clayton (No. St. Louis Co. Hospital St. Ward)

2. FULL NAME Dwan Edgar Haynes
(a) Residence, No. Wild Horse Creek St. Rd 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. 2 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: x
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 27-1932
7. AGE: YEARS 4 — MONTHS 2 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year) xxxx x
11. Total time (years) spent in this occupation xxxxx

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo.

FATHER
13. NAME John Haynes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensville, Mo.

MOTHER
15. MAIDEN NAME Edith Davenport
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo.

17. INFORMANT (ADDRESS) John Haynes Centaur, Mo.
18. BURIAL, CREMATION, OR REMOVAL Bethel Cemetery
PLACE Pond, Mo. DATE Oct. 20-1936
19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.
20. FILED 10/19, 1936 Dr. A. J. Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18, 1936
22. I HEREBY CERTIFY, That I attended deceased from 10/16/36, 19..., to 10/18/36, 19...
I last saw him alive on 10/18/36, 19... Death is said to have occurred on the date stated above, at 4:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/13/36

Other contributory causes of importance: Circulatory Failure

Name of operation None Date of —
What test confirmed diagnosis? — 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? —
If so, specify
(Signed) Lewis J. Franklin M.D.
(Address) St. Louis County Hosp.

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.

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