DEC 4 1936

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

Do not use this space.

440033

1. PLACE OF DEATH
County Schuyle
Township Prairie
City Queencity MO (No. ..... St. ..... Ward)
Registration District No. 806
Primary Registration District No. 4485
File No. .....
Registered No. .....

2. FULL NAME Fannie B Haynes
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Haynes (deceased)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18-1868
7. AGE YEARS 67 MONTHS 1 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. House Keeper
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co MO

FATHER
13. NAME George Newman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

MOTHER
15. MAIDEN NAME Elizabeth Ryles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Lula Haynes Queencity MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE Queen City Cem DATE Oct 11 1936
19. UNDERTAKER (ADDRESS) Wm U West Queencity MO
20. FILED 10/11 1936 J. T. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1936, to Oct 7, 1936
I last saw her alive on Oct 7, 1936 Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	Aug 27
Dilation of heart	
Auricular Fibrillation	
Other contributory causes of importance:	
Arterio Sclerosis	1931

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) O. P. Grow, M. D.
(Address) Queen City 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.