

DEC 30 1936

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

Do not use this space.

43514

## 1. PLACE OF DEATH

County

Sullivan

Registration District No.

854

Township

Pock

Primary Registration District No.

6120

City

Sullivan

(No. ....)

St.

Ward)

## 2. FULL NAME

Ernest Haynes

(a) Residence, No. ....

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

40 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

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF

Daisy Haynes

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept. 17, 1877

## 7. AGE

59

YEARS

2

MONTHS

8

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer

## 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Township Constable

## 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)

Omaha, Nebraska

## MOTHER FATHER

## 13. NAME

Hiram C. Haynes

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

## 15. MAIDEN NAME

Sarah E. Eaton

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Virginia

## 17. INFORMANT (ADDRESS)

Mrs. Daisy Haynes  
Milan, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

Oakwood Cem. Milan, Mo. DATE Nov. 27, 1936

## 19. UNDERTAKER (ADDRESS)

C. A. Schaefer  
Milan, Mo.

## 20. FILED

Dec. 4, 1936

Cleo Hagan

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov. 25, 1936

## 22. I HEREBY CERTIFY, That I attended deceased from

Nov. 25, 1936, to Nov. 26, 1936

I last saw him alive on Nov. 25, 1936 Death is said

to have occurred on the date stated above, at 1:45 p.m.  
The principal cause of death and related causes of importance were as follows:Carcinoma involving  
region of larynx

Date of onset

not known

## Other contributory causes of importance:

Secondary hemorrhage

## Name of operation

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? no

If so, specify

(Signed) J. S. Montanucci, M. D.

(Address)

Milan, Mo.

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.

100M-2-22-33

