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

JAN 27 1937

Do not use this space.

47261

1. PLACE OF DEATH
County Saline
Township Marshall
City ..... (No. ..... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 6039

File No. .....
Registered No. 236

2. FULL NAME Lucinda Jane Haynie
(a) Residence, No. R7D St., ... 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. 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 Austin H. Haynie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
77	6	23	

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 ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

FATHER
13. NAME William Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ephraim Co Mo

MOTHER
15. MAIDEN NAME Jane McMahan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

17. INFORMANT (ADDRESS) Charlie Haynie Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park DATE Dec 27 1936

19. UNDERTAKER (ADDRESS) T. W. Campbell Marshall Mo.

20. FILED 12/27 1936 Helen Huston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 36, to Dec 25 36
I last saw her alive on Dec 23 1936 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/18/36

Other contributory causes of importance:
Hypertension 1930

Name of operation O Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) [signature], M. D.
(Address) Marshall 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.

20M-2-19-36 I X7294