

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

Do not use this space.

MAY 26 1937

1. PLACE OF DEATH

County Macon
Township Macon
City Macon (No. St. Ward)

Registration District No. 533
Primary Registration District No. 3027

File No. 16920
Registered No. 45

2. FULL NAME

Estelle 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1937 to Feb. 7, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1865

I last saw h. w. alive on Feb. 7, 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 11 17

The principal cause of death and related causes of importance were as follows:
Generalized metastatic Carcinoma Date of onset 1937

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife
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

Other contributory causes of importance:
Carcinoma of breast 1937

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

FATHER 13. NAME W M Frazier

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

MOTHER 15. MAIDEN NAME Lavira Moore

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

17. INFORMANT (ADDRESS) Liu Haynes Macon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn Cem. DATE Apr 18, 1937

19. UNDERTAKER (ADDRESS) Walter Skumber Macon Mo.

20. FILED 5/10, 1937 Leola Newton Registrar.

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? no

If so, specify

(Signed) J F Turner M. D.

(Address) Macon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 6 1953