

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City (No. _____) _____ St. _____ Ward _____

File No. 35553
Registered No. 240
St. _____ Ward _____

2. FULL NAME Geo. W. Haines

(a) Residence, No. Laboratory # 3 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. 23 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 Eddie Haines
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1900
7. AGE YEARS 37 MONTHS 1 DAYS 1 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. embalmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
10. Date deceased last worked at this occupation (month and year) 1937 to last year 11. Total time (years) spent in this occupation all of life

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

MOTHER 13. NAME Geo. W. Haines

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

15. MAIDEN NAME Vernetta Clarkson

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

17. INFORMANT Mrs. Eddie Haines, Webb City, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City, Mo. DATE Sep. 27 1937

19. UNDERTAKER W. C. Nelson, Nelson Mtd. Co., Webb City, Mo. (ADDRESS)

20. FILED Sep 27 1937 Allen E. Hays Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 31, 1937, to Sept. 22, 1937

I last saw him alive on _____, 1937. Death is said to have occurred on the date stated above, at 11:45 am.

The principal cause of death and related causes of importance were as follows:

cerebral paralysis of the insane (syphilis of the C.N.S.)
Date of onset about March 1936

Other contributory causes of importance: g.m. maniacal exhaustion Aug 1937

Name of operation none 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? _____ 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. J. O'Fallon M. D.

(Address) _____

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.

Hayes und.