

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

Do not use this space.

NOV 17 1937

37385

1. PLACE OF DEATH

County Cass

Registration District No. 156

Township Harrisonville

Primary Registration District No. 4090

City Harrisonville (No.)

St. Ward)

File No.

Registered No.

2. FULL NAME

Thomas Nathan 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 55 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 to Oct 11, 1937
I last saw him alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 3:30 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18 - 1857

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

7. AGE YEARS 80 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.

Coronary Occlusion at Cardiac Insufficiency Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney-at-law

Other contributory causes of importance: Pulmonary Congestion

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) Cass Co. Mo.

13. NAME Nathan Haynes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Surry Co. N. Carolina

15. MAIDEN NAME Elizabeth Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Surry Co. N. Carolina

17. INFORMANT (ADDRESS) Mr. Ernest R. Thomas, Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Orient Cemetery DATE 10/13, 1937

19. UNDERTAKER (ADDRESS) Raymond Burgess, Harrisonville Mo.

20. FILED NOV 10 1937 E. M. Guffitt 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?

If so, specify

(Signed) David Long M. D.
(Address) Harrisonville Mo

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

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