

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

Do not use this space.

24

1. PLACE OF DEATH
 53 County Laclede Registration District No. 449 File No. 3232
 Township J. Osage Primary Registration District No. 5618 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Hubert Haines 520
 (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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>15</u>	<u>2</u>	<u>25</u>	

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

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) Laclede Co Mo

MOTHER FATHER

13. NAME Wissley Haines

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

15. MAIDEN NAME Berbie Baquell

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

17. INFORMANT Wissley Haines
(ADDRESS) Osage 2nd

18. BURIAL, CREMATION, OR REMOVAL Osage Cem DATE 1-3 1938

19. UNDERTAKER E. M. Stewart
(ADDRESS) Lebanon Mo

20. FILED 1-4 1938 J. A. McCoub Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938, to Jan 2 1938.
 I first saw him alive on Jan 1 1938. Death is said to have occurred on the date stated above, at 3 a.m.
 The principal cause of death and related causes of importance were as follows:
Kidney Block
Suppression of urine
 Date of onset 12/19/37

Other contributory causes of importance:
133

Name of operation _____ Date of _____
 What test confirmed diagnosis? urinalysis 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 _____ 1938
 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) P. Thompson M. D.
464 (Address) Lebanon Mo.

133

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PERCIL.

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

3232

Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 449
(b) Township Osage Primary Registration District No. 3618 Registered No.
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Robert Haines

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) s

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 2 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st to Jan 2nd, 1938. I last saw him alive on Jan 2nd, 1938. Death is said to have occurred on the date stated above, at m.

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

K. E. Block
trauma to state cause

Date of onset
about
Dec 17-37

Other contributory causes of importance: 133

Name of operation none Date of

What test confirmed diagnosis? Physical 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? yes

If so, specify (Signed) P. Thompson, M. D.

(Address) Lebanon

1938
S-2232