

REC'D JUN 24 1938

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

Do not use this space.

19727

1. PLACE OF DEATH *Standard* <sup>2</sup>  
County *Liberty* Registration District No. *836*  
Township *Liberty* Primary Registration District No. *6098a* File No. \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_ Registered No. *28*

2. FULL NAME *William J Haynes* *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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 10-1868*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*68- 10- 7*

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. *Spn*

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) *England* <sup>4</sup>

FATHER 13. NAME *John Haynes* <sup>4</sup>

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *England* <sup>4</sup>

MOTHER 15. MAIDEN NAME *Rebecca Hill*

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

17. INFORMANT (ADDRESS) *Jurles Haynes Campbell mo*

18. BURIAL, CREMATION OR REMOVAL PLACE *Bethesda* DATE *7/19* 1938

19. UNDERTAKER (ADDRESS) *Widger Funeral Home Campbell mo*

20. FILED *May 22 1938* *Fil source* Registrar. *115*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 17* 1938

22. I HEREBY CERTIFY, That I attended deceased from *May 15* 1938, to *May* 19\_\_\_\_, 19\_\_\_\_  
I last saw him alive on *May 15* 1938. Death is said to have occurred on the date stated above, at *8:25 p.m.*  
The principal cause of death and related causes of importance were as follows:  
*Apoplexy - Cerebral.* <sup>Date of onset</sup> *5/13/38*

Other contributory causes of importance: \_\_\_\_\_

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) *Homer Beall* \_\_\_\_\_ M. D.  
*Malden Mo.*

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.

