

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

Do not use this space.

REC'D AUG 26 1938

26583

1. PLACE OF DEATH

County Palmer Registration District No. 796 File No. \_\_\_\_\_  
Township \_\_\_\_\_ City Registration District No. 3938 Registered No. 108  
City Marshall (No. Pittsborough Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Robert Lee Haynie 500  
(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 9 16

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
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) ms.

FATHER  
13. NAME Edwin Haynie

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

MOTHER  
15. MAIDEN NAME Sara E. Grayson

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

17. INFORMANT Mrs. Ketta Haynie (ADDRESS) Marshall ms.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. DATE July 12, 1938

19. UNDERTAKER Campbell-Lewis (ADDRESS) Marshall ms.

20. FILED 7-12-1938 Mary Kent Registrar. Def. 712

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-1938

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to July 10, 1938.  
I last saw him alive on July 16, 1938. Death is said to have occurred on the date stated above, at 6 a.m.  
The principal cause of death and related causes of importance were as follows:

Ruptured gastric ulcer Date of onset \_\_\_\_\_

Other contributory causes of importance: 11/7/38  
myocarditis, peritonitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Laboratory 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) John R. Lawrence, M. D.  
(Address) Marshall, ms.

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.

