

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.

1938
DEC 13 1938

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

40237
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois (b) Township St. Francois (c) City St. Francois (d) Street No. 773 (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 46 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 520 Sarah Angeline Haynes St. St. Francois (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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Haynes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17-1861
7. AGE YEARS 76 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Nov 1938 11. Total time (years) spent in this occupation None

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

13. NAME Joel Tolman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Louisa Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Mo.

17. INFORMANT (ADDRESS) Stanley Haynes

18. BURIAL, CREMATION, OR REMOVAL PLACE Tolman Court DATE 11-12-38

19. FUNERAL DIRECTOR (ADDRESS) Hamington Ind. Co.

20. FILED Nov 12, 1938 B. J. Robinson Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Nov 6 1938 to Nov 10 1938

I last saw her alive on Nov 6 1938 Death is said to have occurred on the date stated above, at 5 a m.

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

Chronic myocarditis
General arteriosclerosis

Other contributory causes of importance:

Name of operation Cholec Date of Nov 10
What test confirmed diagnosis? Cholec Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury Nov 10 1938

Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None

(Signed) R. J. Robinson M. D.
199 (Address) St. Francois Mo.

STATEMENT BY LICENSED EMBALMER

I, Nellie Harter, Licensed Embalmer No. 2969

hereby certify that the body recorded on the reverse side of this certificate was embalmed by was not embalmed

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Nellie Harter

Licensed Embalmer No. 2969

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)