

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

Do not use this space.

44772

1. PLACE OF DEATH

County Saline 2 Registration District No. 797
Township Miami 1 Primary Registration District No. 4477
City Miami (No. _____) St. _____ Ward _____

2. FULL NAME

587 Aubrey Martin Haynie
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hazel Chilcott Haynie</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 1899</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>40</u>	<u>3</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>17 yr</u>			
	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) <u>Miami Mo</u>				
FATHER	13. NAME <u>J. B. Haynie</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miami Mo</u>			
	15. MAIDEN NAME <u>Laura Catherine Miller</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miami Mo</u>			
	17. INFORMANT <u>J. B. Haynie</u> (ADDRESS) <u>Miami Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Miami Mo</u> DATE <u>Dec 15 1939</u>				
19. UNDERTAKER <u>St. Ottilien</u> (ADDRESS) <u>Miami Mo</u>				
20. FILED <u>Dec 14 1939</u> <u>Mrs Aubrey Haynie</u> 711 (Address) <u>Miami, Mo.</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1939, to 12-13, 1939

I last saw him... alive on 12-13, 1939. Death is said to have occurred on the date stated above, at 12:40 a.m.

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

Angina Pectoris Date of onset 12-13-39

Other contributory causes of importance:
Probably degeneration of heart muscle
due to influenza previous year

Name of operation _____ Date of _____
What test confirmed diagnosis? Symptoms 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) B. H. Sullivan / M. D.

(Address) Miami, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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JAN 1940

