

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.

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

Do not use this space.

21341

MHI 1A 1049

JUL 14 1943

1. PLACE OF DEATH

39 County Greene  
0 Township 30 Center  
0 City (No. )

Registration District No. 134  
Primary Registration District No. 2459

File No. 39  
Registered No. 0  
St. 7 Ward

2. FULL NAME Mary Susan Haynie

(a) Residence, No. 1 St. 1 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? 7 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank M. Haynie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 76 4 9  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Holtown Mo

FATHER 13. NAME George Johnson  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Martha J. Brime  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Gordon Haynie  
Boys Darc Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bohus Chapel DATE 6-27 1943

19. UNDERTAKER (ADDRESS) Redleaf & Howell  
Boys Darc Mo

20. FILED 6/27 1943 Jewell Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25 1943  
22. I HEREBY CERTIFY, That I attended deceased from March 10th 1941, to 6-25- 1943  
I last saw h. alive on ..... 19..... 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:  
Interstit. nephritis  
chronic Date of onset (2)

Cardiac Failure 5m  
Other contributory causes of importance:

Name of operation none Date of 3/10  
What test confirmed diagnosis? 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 BFH  
(Signed) Bois Darc Mo M. D.  
(Address) Bois Darc Mo

1293

RECEIVED

Greene County Health Officer

County File Number 43-7-82

Date Filed 7/10/48

SEP 17 1948