

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

Do not use this space.

FILED MAR 21 1946

10230

1. PLACE OF DEATH
 County Newton Registration District No. 243
 Township Fairview Primary Registration District No. 5-8-3/436
 City Newton (No. 1) St. Newton Ward 1

2. FULL NAME Chrrylyne Haught
 (a) Residence, No. 1 St. Newton Ward 1
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13 46

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Wheaton, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1946

22. I HEREBY CERTIFY, That I attended deceased from 7:20 12, 1946, to 7:20 21, 1946
 I last saw him alive on 7:20 20, 1946. Death is said to have occurred on the date stated above, at 4:30 a. m.

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

Premature infarct (7 mo)

Other contributory causes of importance:

Name of operation 159 Date of Feb 21 1946

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 1946
 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 ca 1
 Nature of injury 5

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify John P. Anderson M.D.
 (Signed) Wheaton Mo
 (Address)

FATHER 13. NAME Treva Haught

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

MOTHER 15. MAIDEN NAME Malindia Reynolds

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

17. INFORMANT Treva Haught
 (ADDRESS) Fairview, Mo

18. BURIAL, CREMATION, OR REMOVAL Removal to Newton
 PLACE Removal to Newton DATE Feb. 21 1946

19. UNDERTAKER John Morris Payne
 (ADDRESS) Wheaton, Mo

20. FILED Feb. 21, 1946 Ora Tanner Registrar.

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.

9452

RECEIVED

District Health Officer No. _____
District File Number 246-44
Date Filed 2-19-46