

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.

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 Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A Registered No. 148
(c) City (d) Street No.
(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 Sarah Angeline Haynes
(a) Residence, No. St. (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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Haynes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7-1861
7. AGE YEARS 76 MONTHS 5 DAYS 3 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Hom. Mater
10. Date deceased last worked at this occupation (month and year) two weeks 11. Total time (years) spent in this occupation.....
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) Hammington Ind. Co.
20. FILED Nov 12 1938 W. 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
Date of onset
Other contributory causes of importance:
Name of operation Cholecist Date of.....
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?.....
If so, specify.....
(Signed) R. P. Phibbs, 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.)