

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

Do not use this space.

1. PLACE OF DEATH
 32 County DeKalb Registration District No. 5364 File No. 4215
 Township Park Primary Registration District No. 262 Registered No. _____
 City Union Star No. _____ St. _____ Ward _____

2. FULL NAME Iva Haynes
 (a) Residence, No. Union Star, Mo. Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred all of life yrs. mos. ds. How long in U. S., if of foreign birth? _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>GEO. T. HAYNES</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7 - 1888</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>1</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home - 225</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 1924</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Union Star, Mo.</u>		
FATHER	13. NAME <u>Carroll Paul</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poplarville, Miss.</u>	
MOTHER	15. MAIDEN NAME <u>Malinda Pyatt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>GEO. T. HAYNES</u> (ADDRESS) <u>Union Star, Mo. #3</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star</u> (DATE) <u>Feb 10 1932</u>		
19. UNDERTAKER <u>W. J. Taggart</u> (ADDRESS) <u>King City, Mo.</u>		
20. FILED <u>Feb 20 1932</u> <u>E. W. Reynolds</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 - 1932

22. HEREBY CERTIFY, That I attended deceased from Sept 1920 to Feb 8 1932
 I last saw her alive on Jan 10 1932 Death is said to have occurred on the date stated above, at 11 P. M.
 The principal cause of death and related causes of importance were as follows:

<u>Acute Endocarditis 91%</u>	Date of onset
<u>91%</u>	
Other contributory causes of importance: <u>Paralysis Aortae (Progressive aortic Aortitis)</u>	<u>1921</u>

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Richard H. Hurd
 (Address) King City, 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.

APP. 6 1932

