The Commonwealth of Massachusetts STANDARD CERTIFICATE OF DEATH PLACE OF DEATH If death occurred in (No. 17 Ter. sx. 6 Newton Devon Ward) a hospital or institution, give its NAME instead of street and number.] James Henry Haynie FULL NAME [If married or divorced woman or widow give maiden name, also name of husband. 17 Devon Ter., Newton Centre. Mass. 223 Registered No. "RESIDENCE MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE. COLOR OR RACE 16 DATE OF DEATH 3 SEX MARRIED WIDOWED. OR DIVORCED Married Male White (Write the word) 6 DATE OF BIRTH July 19 1841. I HEREBY CERTIFY that I attended deceased from (Month) (Dav) (Year) Jan. 19 191 2 to ____ May 14 If LESS than 7 AGE that I last saw h Imalive on May 14 I day, hrs. ,mos. 25 70 and that death occurred, on the date stated above. at 8 P. m. or ____ min. ? * OCCUPATION The CAUSE OF DEATH* was as follows: Library work (a) Trade, profession, or Valvular cardiac disease particular kind of work, (b) General nature of industry, business, or establishment in which employed (or employer). BIRTHPLACE (Duration) (State or country) Winchester, Ill. Contributory Passive Pneumonia (SECONDARY) 10 NAME OF FATHER (Duration) yrs. Brmsby Haynie R. P. Loring 11 BIRTHPLACE 1912 (Address Newton Centre, Mass PARENTS OF FATHER Winchester, Ky. (State or country) *If death followed injury or violence the certificate of death must be made out by the Medical Examiner. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR OF MOTHER Zerilda Rucker RECENT RESIDENTS). At place In the of death ds. State 13 BIRTHPLACE Where was disease contracted, Winchester, Ky. OF MOTHER If not at place of death 7. (State or country) Former or 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence Mrs. J. H. Haynie 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Informant) Newton, Mass. Mt. Auburn Crematory May 17, 1912 (Address) TO UNDERTAKER ADDRESS N. Centre E. W. Pratt