

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

Do not use this space.

16475

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Franklin File No. 100
City Independence (No. St. Mary's Hospital) Registered No.
City Excelsior Springs Mo (No.) St. Ward
2. FULL NAME William M. Hayward
(a) Residence. No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1851
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day hrs. min.
74 10 14
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Perman
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John M. Hayward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perman
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth M. Mahon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perman
(STATE OR COUNTRY)

14. INFORMANT W. M. Hayward
(Address) Excelsior Springs Mo

15. FILED 5/26 1926 26 m. m. Excelsior
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1926

17. I HEREBY CERTIFY, That I attended deceased from 5-1, 1926, to 5-25, 1926, that I last saw him alive on 5-25, 1926, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Artery
44
(duration) yrs. 1 mos. da.
CONTRIBUTORY Emaciation
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... Excelsior Spgs

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? X Ray

(Signed) William Amey, M. D.
526, 1926 (Address) 815 Church Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREATION, OR REMOVAL DATE OF BURIAL
Nortonville, Iowa 5/26 1926

20. UNDERTAKER F. C. Donnell Co ADDRESS 3747 Main

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.

MARGIN RESERVED FOR BINDING

