

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

Do not use this space.

21829

1. PLACE OF DEATH

County Knox
Township Wright
City Boydston Home (No. St. Ward)

Registration District No. 466
Primary Registration District No. 5623-B

File No.
Registered No. 62

2. FULL NAME

William Adrian Hay
(a) Residence. No. Boydston Home St. Wright Ward.
(Usual place of abode)

Length of residence in city or town where death occurred X 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 4 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Auto Cab Driver
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) unknown

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14. INFORMANT D. H. Chambers Dept
(Address) Highwayville, Mo

15. FILED 7-21 1927 Cecilia P. Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1927

17. I HEREBY CERTIFY That I attended deceased from July 17 1927 to July 18 1927 that I last saw him alive on July 18 1927, and that death occurred, on the date stated above, 1:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY) 82A (duration) yrs. mos. ds. 17401

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

8 Did an OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. DeDono M.D. M. D.
, 19 Highwayville Mo (Address)

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Car Home DATE OF BURIAL 7/21 1927

20. UNDERTAKER ascot order Highwayville Mo ADDRESS

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.

AUG 1

1927

PARENTS

