

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

Do not use this space.

35836

1. PLACE OF DEATH  
 County Andrew Registration District No. 951  
 Township Walton Primary Registration District No. 5037B  
 City..... (No.....) St. .... Ward)

File No.....  
 Registered No. 7  
 St. .... Ward)

2. FULL NAME Amie Alice Hayes  
 (a) Residence. No..... St..... Ward.....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. B. Hayes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 9 - 1869</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>1</u>
	DAYS <u>27</u>	IF LESS than 1 day, .... hrs. or .... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Housewife</u> (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) <u>Illinois</u>		
PARENTS	10. NAME OF FATHER <u>Jas. W. Haylett</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Ireland</u>	
	12. MAIDEN NAME OF MOTHER <u>Wheeler</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) <u>Missouri</u>	

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1927, to Dec 4, 1927  
 that I last saw her alive on Dec 3, 1927, and that death occurred, on the date stated above, at 9:15 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial

CONTRIBUTORY (SECONDARY) sup. thalamic center  
 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) O. J. Turner, M. D.  
Dec 5, 1927 (Address) Centralia Mo

\*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 <u>Centralia Mo Cem</u>	DATE OF BURIAL <u>Dec 5 1927</u>
20. UNDERTAKER <u>M. J. McDonald</u>	ADDRESS <u>Centralia Mo</u>

14. INFORMANT J. J. Brown  
 (Address) Centralia Mo

15. 1215 1927 W. A. Blythe  
 (Address) REGISTRAR  
Dec 8 1927

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. INFORMATION should be carefully supplied.

1927

