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.

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

Do not use this space.

2952

1. PLACE OF DEATH

County..... Registration District No. 791 File No.

Township..... Primary Registration District No. 1083 Registered No. 539

City St. Louis, Mo (No. 4545 Lindell Blvd St. Ward)

2. FULL NAME Martha Hay Ayres

(a) Residence. No. 4545 Lindell St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. E. R. Ayres

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 7, 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
80	2	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) Superior
(STATE OR COUNTRY) Michigan

PARENTS

10. NAME OF FATHER Jabez Hawkins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fairhaven
(STATE OR COUNTRY) Vermont
12. MAIDEN NAME OF MOTHER Mary Ann Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Steubenville
(STATE OR COUNTRY) Ohio.

14. INFORMANT J. H. Cummings
(Address) 4545 Lindell

15. FILED JAN 16 1928, 19.... Max C. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 15 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1928, to Jan. 15, 1928 that I last saw h. E. R. alive on Jan. 15, 1928, and that death occurred, on the date stated above, at 4:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of Right Femur
Diabetes Mellitus
due to fall on floor
(duration) yrs. 8 mos. 15 ds.

CONTRIBUTORY (SECONDARY) Cystitis, Syphilis
Accident
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) James H. Cummings, M. D
Jan 15 1928 (Address) 220 Metropolitan 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Saginaw Mich	1-17 1928
20. UNDERTAKER	**ADDRESS**
Arthur J Donnelly	2039 Wash St

Jeff 4141
Rec 3804