

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

Do not use this space.

MAR 21 1928

1. PLACE OF DEATH

County Commissiot Registration District No. 657
 Township Little Prairie Primary Registration District No. 4988
 City Caruthersville Mo (No.) St. Ward

File No. 5822
 Registered No. 27

2. FULL NAME

Susan S Hayden
 (a) Residence. No. St. Ward.
 (Usual place of abode) (if nonresident give city or town and State)
 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 female 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 Andrew Hayden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 1864

7. AGE YEARS MONTHS DAYS If LESS than I day, hrs. or min.
63 7 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work home
 (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) Kentucky

10. NAME OF FATHER J. R. Jarboe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Isabelle Cathy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT (Address) Ernest Hayden, Little Rock Ark.

15. FILED Mar. 10 1928 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20, 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 8 1928 to Feb 20 1928 that I last saw him alive on Feb 18 1928, and that death occurred, on the date stated above, at 7:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Somr minute brain lesion
840
 (duration) yrs. mos. da. 11

CONTRIBUTORY (SECONDARY) neurasis
 (duration) yrs. mos. da. 5

18. WHERE WAS DISEASE CONTRACTED Place of death
 IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Micro
 (Signed) W. H. Hedgcock, M. D.
3/8, 1928 (Address) Caruthersville 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 Little Prairie cemetery DATE OF BURIAL Feb 21 1928

20. UNDERTAKER J. L. La Forge ADDRESS Caruthersville Mo

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. PHYSICIANS should state EXACTLY.

