JUG 24 1928

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

Do not use this space

File No. 23669
Registered No. 276

1. PLACE OF DEATH
County: Jackson — Registration District No. 398
Township: Blue — Primary Registration District No. 3019
City: Independence (No. Sanitarium St. Ward)

2. FULL NAME James Ernest Hayden
(a) Residence: No. 2207 Mason St., 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. 7 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 24-1897

7. AGE: Years 31 — Months 6 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nickle Polisher
(b) General nature of industry, business, or establishment in which employed (or employer): Iron Foundry
(c) Name of employer: Irving Pitt Mfg Co.

9. BIRTHPLACE (CITY OR TOWN): Polk Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Napolian B. Hayden
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Polk Co
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Sarah Jane Nash
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Saline Co
(STATE OR COUNTRY): Missouri

14. INFORMANT: Jennie Hayden
(Address): 2207 Mason

15. FILED: July 30 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 28 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19..., that I last saw h... alive on ....., 19..., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Accidental Railway
1. Laceration - multiple
2. Injuries -
Sterling, Kas & Mo Pac crossing
(duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY): Kansas County - Guatemala
Scalded
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF July 28 '28
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Alan Gastbrangh M.D.
July 28 1928 (Address) Deputy Coroner

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Washington — DATE OF BURIAL: 7/30 1928
20. UNDERTAKER: C. C. Carson & Son Indep 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.