

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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

Do not use this space.

30768

**1. PLACE OF DEATH**

County Jackson  
Township Jackson  
City Littleton

Registration District No. 400  
Primary Registration District No. 5553B

File No. ....  
Registered No. 127  
St. .... Ward)

**2. FULL NAME**

Ellen Hays  
(a) Residence. No. Colored County Home  
(Usual place of abode)

(If nonresident give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
About 87 yrs ✓ ✓

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Lougwood  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Bob Dangers

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY) Don't know

14. INFORMANT Henry Fowler  
(Address) 528 Claremont K.C. Mo

15. Oct 28 1928 J.M. Schick  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28-28 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 1 1928, to Sept 28 1928, that I last saw h. alive on Sept 28, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

92A  
Cortic Insufficiency  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90A  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ..  
IF NOT AT PLACE OF BIRTH ..

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ..  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam  
(Signed) L.W. Booker M. D.  
, 19 (Address) 2128 Vine St

\*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 Highland Cemetery DATE OF BURIAL 10-2-1928

20. UNDERTAKER Flynn + Greenstreet ADDRESS K.C. Mo

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.

OCT 26 1928

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