

OCT 26 1928

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

Do not use this space.

30772

1. PLACE OF DEATH

County Jackson Registration District No. 407  
Township W Primary Registration District No. 0387  
City Grandview (No. ....) St. .... Ward .....

File No. ....

Registered No. 53-

2. FULL NAME

Emma Hayden  
(a) Residence. No. .... St. .... Ward .....

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 Female 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 Joseph Hayden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-5-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
54 6 8

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER August Heidel

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

12. MAIDEN NAME OF MOTHER Amelia

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

14. INFORMANT (Address) Joseph Hayden  
124 C. No 324

15. FILED 920. 1928 REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1928, to Sept 13, 1928 that I last saw her alive on Sept 19, 1928, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Anemia

(duration) yrs. 12 mos. .... ds.

CONTRIBUTORY (SECONDARY) Malaria

(duration) yrs. 12 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 Exam

(Signed) W. T. Brennan, M. D.  
, 19 (Address) Grandview 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 St Louis DATE OF BURIAL 9-16 1928

20. UNDERTAKER Ex. George ADDRESS Belton

WRITE PLAINLY, WITH UNFADING INK---THIS IS PERMANENT RECORD

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.

