

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

Do not use this space.

1-31336

1. PLACE OF DEATH
 County..... Platte Registration District No. 692
 Township..... Dearborn Primary Registration District No. 4414
 City..... Dearborn (No.) St. Ward.....

2. FULL NAME No name given in named Hay
 (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.

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neither

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/1

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, 10 hrs. or X min.
X	X	X	X	10 hrs.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) None
 (c) Name of employer Had none

9. BIRTHPLACE (CITY OR TOWN) Dearborn
 (STATE OR COUNTRY) Platte Co Mo

10. NAME OF FATHER Henry J. Hay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) My
 (STATE OR COUNTRY) Montgomery Co

12. MAIDEN NAME OF MOTHER Daisy O. Bate

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

14. INFORMANT Henry J. Hay
 (Address) Dearborn Mo

15. FILED Sept 24 28 Mo. Moore
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 19 28

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1928 to Sept 24 1928 that I last saw him alive on Sept 24 1928, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature at 7 months living only 10 hours
157 (duration) X yrs. X mos. 10 hrs

CONTRIBUTORY (SECONDARY) Don't know
 (duration) X yrs. X mos. X da.

18. WHERE WAS DISEASE CONTRACTED at place of death
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none made
 (Signed) M. J. Moore, M. D.

Sept 24 19 28 (Address) Mo. Moore
 *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 Hackett Cemetery DATE OF BURIAL Sept 25 19 28

20. UNDERTAKER Henry Hay ADDRESS Dearborn Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS' initials state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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