WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD NOV 7 '92

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.

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

Do not use this space.

31575

1. PLACE OF DEATH
County: St. Louis — Registration District No.: 790 — File No.:
Township: Central — Primary Registration District No.: 6033 — Registered No.:
City: Clayton (No. ..... St. ..... Ward)

2. FULL NAME: Gladys May Hays
(a) Residence. No. 8959 Kempland St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: 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
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 8-1928
7. AGE: YEARS | MONTHS: 3 | DAYS: 6 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(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): Clayton, Mo.

PARENTS
10. NAME OF FATHER: Wm. Hays
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): West Plains, Mo
12. MAIDEN NAME OF MOTHER: Winnie Redrum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): West Plains, Mo. Clayton, Mo.

14. INFORMANT: Wm. Hays
(Address): Clayton, Mo R#2.
15. FILED Sept 15, 1928 Catherine W. Sullivan, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 14, 1928
17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1928, to Sept 13, 1928, that I last saw her alive on Sept 13, 1928, and that death occurred, on the date stated above, at 8 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Cholera Infantum
114A
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY): 113a
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. M. Adkins M. D
9-15, 1928 (Address) 3012 Lafayette

*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: West Plains, Mo.
DATE OF BURIAL: 9/16-1928
20. UNDERTAKER: Baumann Bros.
ADDRESS: Overland, Mo

1,828
1,877
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