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

Do not use this space.

32702a

MAR 21 1929

PLACE OF DEATH

County Barton Registration District No. 40 File No.

Township North fork Primary Registration District No. 5061 Registered No. 10

City (No. St. Ward)

2. FULL NAME Artie LeRoy Hays.

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20th 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	2	16	

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):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jasper, Mo R.4

PARENTS

10. NAME OF FATHER: Clarence C. Hays
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): / Tenn.
12. MAIDEN NAME OF MOTHER: Christy Lucas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): R.4 Jasper, Mo.

14. INFORMANT (Address): Clarence C. Hays

15. FILED 3-9-1929 A. J. Mynatt. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-5-1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 25 — 1928, to Oct. 5 — 1928 that I last saw ~~him~~ alive on Sept. 28 — 1928, and that death occurred, on the date stated above, at 11 — a — m.

THE CAUSE OF DEATH* ~~WAS AS FOLLOWS:~~
uncertain, probably digestive disturbance
2 ... (duration) from Birth ds.

CONTRIBUTORY (SECONDARY) 20 5 a (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Knott, M. D
10-5-1928 (Address) Jasper, 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: Waters Cem
DATE OF BURIAL: Oct 7 1928

20. UNDERTAKER: Teeter Bros
ADDRESS: Jasper Mo