

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.

36909

1. PLACE OF DEATH

County Jackson
Township Kau
City H.C. No.

Registration District No. 399
Primary Registration District No. 100
(No. 912 west 27th)

File No. 4558
Registered No. 4558
St. _____ Ward _____

2. FULL NAME

Julia S. Hayes
(a) Residence. No. 912 west 27th St. 3 Ward.

(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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-10-1843

7. AGE YEARS 85 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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) 1867
(c) Name of employer 1914

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

10. NAME OF FATHER W. S. Sain

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

12. MAIDEN NAME OF MOTHER Eliza Lane

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

14. INFORMANT (Address) W. S. Hayes 247 So. 10th St. K.C.

15. FILED 11/12 1928 M. M. Connor REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-10-28

17. I HEREBY CERTIFY That I attended deceased from Oct 18 1928 to Nov 10 28 that I last saw her alive on Nov 28, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
fracture of hip
Acc. Fall at home

CONTRIBUTORY (SECONDARY) Myocarditis, Chronic
(duration) 25 yrs. 1 mos. 25 ds.
2 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED 5/85
IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) J. J. Cellmer, M. D.
Wm. S. Hayes (Address) 247 So. 10th St. K.C.

*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 Woodlawn R.C.P. DATE OF BURIAL Nov. 13. 28.

20. UNDERTAKER Mrs. L. L. Fowler ADDRESS K.C., Mo.

327 Person.

12 The 9th of the
d.