

JAN 23 1929

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39646

1. PLACE OF DEATH  
 County Caldwell Registration District No. 94  
 Township Breesebridge Primary Registration District No. 41656  
 City Breesebridge (No.     ) St.      (Ward)       
 2. FULL NAME James P. Hays  
 (a) Residence No.      St.      Ward.      (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 35 yrs. mos.      ds. How long in U.S., if of foreign birth? yrs. mos.      ds.

File No.       
 Registered No. 19  
 St.      (Ward)     

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male  
 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 Helen Hays  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28 1842  
 7. AGE YEARS 86 MONTHS      DAYS 14 IF LESS than 1 day,      hrs. or      min.  
 8. OCCUPATION OF DECEASED Labor  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill.  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Isaac Hays  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Ida Hays  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.  
 (STATE OR COUNTRY)

14. INFORMANT Mrs James Hays - wife  
 (Address) Breesebridge Ill  
 15. FILED Dec 13 1928 E A Thompson  
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928  
 17. I HEREBY CERTIFY That I attended deceased from Dec 6, 1928, to Dec 12, 1928 that I last saw him alive on Dec 12, 1928, and that death occurred, on the date stated above, at      m.  
 THE CAUSE OF DEATHS WAS AS FOLLOWS:  
Lobar Pneumonia  
108 / 101 A  
162 (duration) yrs.      mos. 9 ds.  
 CONTRIBUTORY (SECONDARY) Old age Senility  
 (duration) yrs.      mos.      ds.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH. Place of death  
 DID AN OPERATION PRECEDE DEATH? No DATE OF       
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS. Clinical findings  
 (Signed) E A Thompson, M. D  
Dec 13, 1928 (Address) Breesebridge 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 Rose Hill DATE OF BURIAL Dec 14 1928  
 20. UNDERTAKER AMC Oak Breesebridge ADDRESS     

PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE IN FULL; WITH OBTAINING INVESTING IS A PERMANENT RECORD

