

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.
1968

1. PLACE OF DEATH

County Jackson
Township Washington
City Martin City, Mo.

Registration District No. 404
Primary Registration District No. 3338

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Laura Emma Hayes
Martin City, Mo. St. Mo. Ward _____

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) Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Emerson Hayes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-10-1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
22 3 14 2 hrs. 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) at home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Joseph Norton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Bill Bryant

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

14. INFORMANT C. F. Hayes (Address) Martin City, Mo.

15. FILED 1-25-1929 J. F. Brannan REGISTRAR

21. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1929

17. I HEREBY CERTIFY That I attended deceased from May 2-1928 to Jan 24, 1929, that I last saw her alive on Jan 14, 1929, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of uterus

48 46 (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 12-1928
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Pathology
(Signed) B. F. Brannan, M. D.
(Address) Martin City, 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 Galena, Mo. DATE OF BURIAL Jan 27 1929

20. UNDERTAKER John Clark ADDRESS Galena, Mo.

