

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

Do not use this space.

9254

1. PLACE OF DEATH

County Linn
Township Shannon
City Licking (No.)

Registration District No. 868
Primary Registration District No. 6149

File No.
Registered No. 6
St. Ward)

2. FULL NAME

(s) Residence. No. St.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

Josie Irene Hayes

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Sept 9 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 5 6

8. OCCUPATION OF DECEASED

(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) Licking Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Clabe Hayes

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

12. MAIDEN NAME OF MOTHER Callie Jones

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

14. INFORMANT Clabe Hayes
(Address) Licking Mo

15. FILED Feb 16 1929 A. P. Reid
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1929, to Feb 15 1929 that I last saw him alive on Feb 15 1929, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Whooping cough

CONTRIBUTOR (SECONDARY) Burch Brown
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Pessie R. R. R. R.
2-11-29 (Address) Licking 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 Prescott Cem DATE OF BURIAL Feb 17 1929

20. UNDERTAKER Monroe Alley Licking Mo
ADDRESS

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.

1929

