

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

Do not use this space.

11184

1. PLACE OF DEATH

County Jasper
Towship Joplin Mo
City Joplin Mo (No.)

Registration District No. 411
Primary Registration District No. 2007

File No.
Registered No. 123
St. Ward)

2. FULL NAME

Mrs. Jennie Hayward
(a) Residence No. 1678 W. H 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. B. Hayward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
87 10 23 2 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wife
(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) Ohio

10. NAME OF FATHER Mercer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record

12. MAIDEN NAME OF MOTHER Clark

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

14. INFORMANT Mrs. Ella Hickey
(Address) 2805 Joplin St

15. FILED 3/15/29 D. A. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Apr. 1 1927, to Mar. 15 1929 that I last saw her alive on Mar. 14 1929, and that death occurred, on the date stated above, at 12 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

circumstances of breast

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH. DATE OF ... WAS THERE AN AUTOPSY.

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. N. Wheeler, M. D. 1/6, 1929 (Address)

*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 Fairview DATE OF BURIAL Mar. 18 1929

20. UNDERTAKER Frank-Siemer Joplin 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.

49
25
1929

235
2
31
31

