

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

Do not use this space.

32725

**1. PLACE OF DEATH**

County Shelby  
Towship Shelby  
City Shelby (No. ....)

Registration District No. 830  
Primary Registration District No. 6091

File No. 42  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Russell William Hays

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Louisa B

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.  
69 4 19

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(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) Macou Co Mo

10. NAME OF FATHER Rendel W. Hays

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

12. MAIDEN NAME OF MOTHER Jane M Donaldson

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

14. INFORMANT Louisa B. Hays (Address) Shelby Mo

15. FILED Oct 10 1929 Madge Good REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-20-1929

17. I HEREBY CERTIFY, That I attended deceased from 3-2-1927 to 9-18-1929, 1929 that I last saw him/her alive on 9-18-1929, and that death occurred, on the date stated above, at 2 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Arterio-Sclerosis  
820  
91

CONTRIBUTORY (SECONDARY) Hemiplegia (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH? 15th

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ...

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
A. M. Wood, M. D. (Address) Shelby 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 IOOF Cem DATE OF BURIAL Sept 22 1929

20. UNDERTAKER Hays Shelbina

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.

24 1929

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