

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

Do not use this space.

34158

1. PLACE OF DEATH

County Jefferson

Registration District No. 417

Township North City

Primary Registration District No. 3021

City North City (No.)

St. Ward)

File No.
Registered No. 133

2. FULL NAME

(a) Residence. No. 419 West 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Clara Stange

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1891

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
38 X 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cigar Maker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wheeling
(STATE OR COUNTRY) West Virginia

10. NAME OF FATHER John M. Hayes

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

12. MAIDEN NAME OF MOTHER Mary J. Dungan

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

14. INFORMANT Mrs. Clara Stange
(Address) North City, Mo.

15. FILED 10/8, 1929 R. M. Hornout
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1929, to Oct 6, 1929, that I last saw him alive on Oct 6, 1929, and that death occurred, on the date stated above, at 8:30 AM m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Pulmonary Edema
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

19. HAD AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. J. ... M. D.
Oct 6, 1929 (Address) North 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 Park View Cemetery DATE OF BURIAL 10/8 1929

20. UNDERTAKER North City Burial Co ADDRESS North City

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.

WRITE IN PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

49
10-9-29

78

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Dr. O. F. Brickett,
Hull City, Mo.