Do not use this space 35978

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

1. PLACE OF DEATH
County Saline — Registration District No. 798 — File No.
Township Arrow Rock — Primary Registration District No. 6035B — Registered No.
City Nelson (No. ... St. ... Ward)

2. FULL NAME Louisa Hayes Ault
(a) Residence. No. Baker St., 2 Ward. Nelson Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Female / 4. COLOR OR RACE: White / 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married	16. DATE OF DEATH (month, day and year) Oct 17 1929
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of: Widow of E. T. Ault	17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1929, to Oct 12 1929, that I last saw her alive on Oct 12, 1929, and that death occurred, on the date stated above, at 6 P m.
6. DATE OF BIRTH (month, day and year) Oct 5-1847	The CAUSE OF DEATH* was as follows: Cerebral hemorrhage
7. AGE: 82 Years, Months, 13 Days; If LESS than 1 day, ... hrs. or ... min.	(duration) ... yrs. ... mos. 10 ds.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work: Housewife	CONTRIBUTORY (SECONDARY) High Blood Pressure; Arterio Sclerosis (duration) ... yrs. ... mos. ... ds.
(b) General nature of industry, business, or establishment in which employed (or employer)	18. Where was disease contracted if not at place of death? —
(c) Name of employer	Did an operation precede death? no Date of —
9. BIRTHPLACE (city or town) (State or country) Ohio	Was there an autopsy? no
10. NAME OF FATHER: Thornton Hayes	What test confirmed diagnosis? —
11. BIRTHPLACE OF FATHER (city or town) (State or country) Virginia	(Signed) J. B. Dunnett, M. D
12. MAIDEN NAME OF MOTHER: Elizabeth Hayes	, 19 (Address) Blackwater Mo.
13. BIRTHPLACE OF MOTHER (city or town) (State or country) Ohio	*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.
14. Informant: Mrs Nora Ault (Address) Nelson, Mo.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Nelson Cemetery — DATE OF BURIAL 10-18-1929
15. Filed 10/25 1929 Mrs. Hall Williams, Registrar	20. UNDERTAKER: L. M. Nelson — ADDRESS Nelson Mo.

(Parents: items 10–13)

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD