

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

Do not use this space.

36754

**1. PLACE OF DEATH**

County Delaware Registration District No. 4161  
Township Bellevue Primary Registration District No. 262  
City Union Star (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Capt. Halbrook Hays  
(a) Residence No. Union Star Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Hays</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 14 - 1868</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>11</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Former</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
PARENTS	10. NAME OF FATHER <u>Wm C Hays</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	12. MAIDEN NAME OF MOTHER <u>Artha Harvey</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>W.Va</u>	
14. INFORMANT <u>C. B. Haffer</u> (Address) <u>Union Star Ohio</u>		
15. FILED <u>11/15-25</u> <u>E. M. Reynolds</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1 1929 to Nov 14 1929 that I last saw him alive on Nov 14 1929 and that death occurred, on the date stated above, at 3 a. m.

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

46 D (duration) 1 yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. M. Reynolds M. D.  
(Address) 1115 25th St Union Star 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 <u>Union Star Ohio</u>	DATE OF BURIAL <u>11-16 1929</u>
20. UNDERTAKER <u>R. J. Faggart</u>	ADDRESS <u>King City Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

