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.

(3)

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

Do not use this space.

40872

File No. 5278

Registered No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City (No. 6614, Hughes St., Ward)

2. FULL NAME Morris Hayes

(a) Residence. No. 6614 Hughes St., St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza A Hayes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-10-1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
85	4	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dover
(STATE OR COUNTRY) Delaware

PARENTS

10. NAME OF FATHER John Hayes

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT E. Slade
(Address) Bryden Hoff Hotel

15. FILED 12/23 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-21 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1926 to Dec 21, 1929 that I last saw him alive on Dec 21, 1929 and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senescence - for last 3 yrs. not sick - no pain - no fever - 162
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) age 104
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) C. L. Merriman, M. D.
12/23 1929 (Address) 1225 Rialto Bldg

*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	DATE OF BURIAL
Mt. Washington Cem.	12/24 1929
20. UNDERTAKER	**ADDRESS**
Stine & McClure	City.

26

2

31

Dr. C. S. Murrimm 1225-Rialto
Vic 3647

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