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

Do not use this space. 40893

File No. 5299

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Blue — Primary Registration District No. 1002

City Kansas City Mo. (No. Gen. Hosp #2 St. Ward)

2. FULL NAME Thos. Haywood

(a) Residence. No. 2063 W. 10th St., 9 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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	Negro	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Haywood

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	9	16	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

PARENTS
10. NAME OF FATHER John Haywood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Kitty Mason
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Richard Clark
(Address) Kan City Mo.

15. FILED 12-24, 1929 M. M. Crane REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20th 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1929, to Dec 20, 1929, that I last saw him alive on Dec 19, 1929, and that death occurred, on the date stated above, at 4:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myo Cardial Insufficiency
92A
93D (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Mitral Regurgitation (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Clinical
(Signed) H. McSmith, M. D.
Dec 24, 1929 (Address) Gen. Hosp #2

*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
Blue Ridge Lawn	12-23 1929
20. UNDERTAKER	**ADDRESS**
West Appleton & Jones	K C Mo

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.