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

Do not use this space.

1987

1. PLACE OF DEATH
County Monroe — Registration District No. 581 — File No.
Township Monroe — Primary Registration District No. 4343 — Registered No. 2.
City Monroe City (No. 111, East Lawn. St. Ward)

FEB 19 1930

2. FULL NAME Latecia Cathrine Hays.
(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 John A. Hays.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
72	6	27	

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

9. BIRTHPLACE (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER James F. Mudd.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Harriett Ellin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT J. Arold Hays
(Address) Monroe City Mo

15. FILED 1/13, 1930 O.W. Wilson REGISTRAR
Deputy

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-12th 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 30th, 1925, to Jan 12th, 1930 that I last saw her alive on Jan 12th, 1930, and that death occurred, on the date stated above, at 6.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Abscess
186A
194B
78A (duration) yrs. — mos. 15 ds.

CONTRIBUTORY (SECONDARY) Accidental fall & fracture of left femur (duration) — yrs. 2 mos. 12 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? ✓

185

(Signed) W. D. Pipkin, M. D.
1/13, 1930 (Address) Monroe 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 St. Stephens Cemetary Indian Creek Mo
DATE OF BURIAL 1-14th 1930

20. UNDERTAKER Wilson + Son
ADDRESS Monroe City Mo.

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.