

APR 23 1930

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

Do not use this space.

7844

1. PLACE OF DEATH

County Buchanan

Registration District No.

85

Township Washington

Primary Registration District No.

1001

City St. Joseph

(No. *St. Joseph's Baptist*) (Ward)

File No. 391

Registered No.

2. FULL NAME

Gertrude Hays

(a) Residence. No. 2715 No 4 St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married

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

March 27, 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Clydes Hays

17.

I HEREBY CERTIFY, That I attended deceased from Mar 12, 1930, to Mar 27, 1930, that I last saw her alive on Mar 26, 1930, and that death occurred, on the date stated above, at 1 2 m.

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

Unknown 1880

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50 Unknown

Embolism, Pulmonary.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

92 125B
111A (duration) yrs. mos. ds.
CONTRIBUTORY Abscess of liver (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)

Chicago

(STATE OR COUNTRY)

Illinois

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Mar 12WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed) Fau J. J. J., M. D.3/27, 1930 (Address) St Joseph, 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.

14.

INFORMANT

Clydes Hays

RESIDENT

2715 No 4 St.

15.

FILED

John E. J. Registrar

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Athelstanowa

March 27, 1930

20. UNDERTAKER

ADDRESS

E. A. Vidensden

602 So. 10

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.

APR 23 1930

