

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 30 1930

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

Do not use this space.

9098

1. PLACE OF DEATH

County Jackson Registration District No. 4041  
Township Ham-Washington Primary Registration District No. 3-3-5-8  
City Hammond (No. 204 west 78th St. Mo.)

File No. \_\_\_\_\_  
Registered No. 13-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Elizabeth Hays  
(a) Residence. No. 204 West 78th St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 9 4

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 \_\_\_\_\_

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

10. NAME OF FATHER John Hornbeck

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

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT (Address) Mrs. William Clough  
204 W. 78th St.

15. FILE NO. W. 1930 B.F.C. records REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1930

17. I HEREBY CERTIFY, That I attended deceased from March 17 1930 to March 20 1930 that I last saw her alive on March 20 1930 and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho-Pneumonia  
of Primary (duration) yrs. mos. 3 ds.  
Secondary auricular fibrillation (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS Physical Exam  
(Signed) Argen H. Ferguson M. D.  
, 19 (Address) 1810 W 45th St

\*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 Sedalia, Mo. DATE OF BURIAL March 22 1930

20. UNDERTAKER Mrs. C. L. Forster ADDRESS K. C. Mo.

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