

APR 30 1930

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

Do not use this space

11286

File No. _____
Registered No. 35
St. _____ Ward

1. PLACE OF DEATH

County Saline Registration District No. 796
Township _____ Primary Registration District No. 3038
City Marshall, Mo. (No. _____)

2. FULL NAME Hugh Hayes

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Elizabeth Powell (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 27

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

9. BIRTHPLACE (CITY OR TOWN) Lima, Ohio (STATE OR COUNTRY)

10. NAME OF FATHER Clarence Hayes

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Hayes (Address)

15. FILED 3-23 1930 Mrs. John H. McGuire REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1930, to Mar 18, 1930 that I last saw him alive on Mar 18, 1930, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage 52 yrs. 15 years of age (duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) Basilar Arteriosclerosis (duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at Home IF NOT AT PLACE OF DEATH

(1) DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Bioccasia (Signed) Geo. B. Harrison, M. D.

3-19-1930 (Address) Marshall, 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 DATE OF BURIAL

Ridge Cemetery Mar 21 1930

20. UNDERTAKER J. L. Surran Marshall, Mo. ADDRESS

97
5
7
159
2
31
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

