

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

Do not use this space.

12879

399

1. PLACE OF DEATH

County Jackson Registration District No. 100
 Township Kanawha Primary Registration District No. 100
 City Kanawha City (No. St. Joseph's Hospital)
 File No. 1508
 Registered No. 1508 St. _____ Ward _____

2. FULL NAME

Evan A. Haylor
 (a) Residence, No. _____ St., _____ Ward. Fort Scott Kanawha
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 | 11 | 25 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Insurance Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

10. NAME OF FATHER Arthur Haylor

PARENTS

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

12. MAIDEN NAME OF MOTHER Nora Evans

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

14. INFORMANT J.P. Strick, Burial Office
 (Address) _____

15. FILED 4/25 1930 M.M. Crane REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1930, to Apr 25, 1930
 that I last saw him alive on Apr 25, 1930 and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhemia following perforated duodenal ulcer

CONTRIBUTORY Duodenal ulcer (SECONDARY) (duration) yrs. mos. 2 1/2 da.

18. WHERE WAS DISEASE CONTRACTED Boarder's Ke
 (NOT AT PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 23 1930
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Operation
 (Signed) John W. Neal, M. D.
4/25, 1930 (Address) 724 Argyle

*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 Fort Scott Kanawha DATE OF BURIAL 4-26 1930

20. UNDERTAKER John J. Sheehan ADDRESS H.C. Me

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

