

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

Do not use this space.

22925

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kaw Primary Registration District No. 1
City Kansas City (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
Registered No. 2917 St. _____ Ward _____

2. FULL NAME

John B. Hayden
(a) Residence. No. 2928 Forest St. 4 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 5, 1962</u> | | |
| 7. AGE <u>67</u> | YEARS <u>9</u> | MONTHS <u>10</u> |
| | | DAY <u>10</u> |
| | | If LESS than 1 day, _____ hrs. or _____ min. |
| 8. OCCUPATION OF DECEASED <u>Secretary to the Asst. General Freight Agent of the Chicago, Burlington & Quincy R. R.</u> | | |
| (a) Trade, profession, or particular kind of work | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | |
| (c) Name of employer | | |

| | |
|---|---|
| PARENTS | 9. BIRTHPLACE (CITY OR TOWN) <u>Boonville</u> (STATE OR COUNTRY) <u>Missouri</u> |
| | 10. NAME OF FATHER <u>Emmett Haywood</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Alice Scott</u> |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Missouri</u> | |

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| 14. INFORMANT <u>Frank A. Skidmore</u> (Address) <u>56666 Crestwood Drive</u> |
| 15. FILED <u>7/15/30</u> <u>M.M. Crowe</u> asst. REGISTRAR |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15, 1930
17. I HEREBY CERTIFY, That I attended deceased from July 15, 1930, to July 15, 1930, that I last saw him alive on July 15, 1930, and that death occurred, on the date stated above, at 4:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary artery sclerosis
94B
CONTRIBUTORY (SECONDARY) 94B (duration) yrs. mos. 3 ds.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
8. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? findings arteries sclerotic
(Signed) [Signature] M. D.
7/15, 1930 (Address) West Plaza Bldg

*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, ~~GRINDING~~ REMOVAL Calwood Cemetery DATE OF ~~BURIAL~~ 7-15-1930
20. UNDERTAKER Stine & McChesney ADDRESS 3236 William Bldg

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

Law. Co. | Greenfield
Rialto Building