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.

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

Do not use this space.

23143

File No. 1
Registered No. 3130

1. PLACE OF DEATH
County: Jackson — Registration District No.: Wilson 399
Township: Kaw — Primary Registration District No.: 1802
City: Kansas City Mo (No. 617 W. 8th St. Ward)

2. FULL NAME: Mary E. Hayes
(a) Residence. No. 617 W. 8th St., 1 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: F
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 8, 1881

7. AGE: Years 48 | Months 10 | Days 18 | If less than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(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): Mo

PARENTS
10. NAME OF FATHER: John Simpson
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Merie Barber
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Mo

14. INFORMANT: Charles S. Hayes
(Address): 617 W. 8th

15. FILED: 7/29, 1930 M. M. Crane Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-22, 1930, to 7-26, 1930, that I last saw her alive on 7-26, 1930, and that death occurred, on the date stated above, at 9:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
34
123B
429
(duration) yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Cystic structure of Rectum (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT WERE THE CONFIRMED DIAGNOSIS? none
(Signed) F. A. Wilson, M. D.
7.29, 1930 (Address) 4748 Broadway

*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: Missouri Hill Cem. — DATE OF BURIAL: July 29 1930
20. UNDERTAKER: William W. Shalkie — ADDRESS: 1520 Wyandotte