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

Do not use this space.

24076

1. PLACE OF DEATH
County St Francois
Township Perry
City East Bonne Terre (No. ..... St. ..... Ward)

Registration District No. 775
Primary Registration District No. 6020

File No. .....
Registered No. 60

2. FULL NAME ALBERTINA 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.

AUG 26 1930

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 10, 1907

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	5	1	

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) East Bonne Terre Mo
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Henry Blanton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin County
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER: Mary Pullen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ste Genevieve County
(STATE OR COUNTRY) Missouri

14. INFORMANT Edward Hayes
(Address) Witness Mary P. Benham

15. FILED 7/13, 1930 T. A. Son
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1930, to June 9, 1930 that I last saw her alive on June 9, 1930 and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis.
23A
31
(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) N. W. Hawkins, M.D.
7/12, 1930 (Address) Bonne Terre, 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: Bonne Terre Cemetery
DATE OF BURIAL: July 13 1930

20. UNDERTAKER: Benham Und. Co.
ADDRESS: Bonne Terre, Mo