

SEP 25 1930

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 27296
Township Marion Primary Registration District No. 3079 Registered No. 210
City Hannibal (No. St. Elizabeth Hospital) St. _____ Ward _____

2. FULL NAME

William B. Hays
(a) Residence. No. 301 N. Hawkins 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 (write the word) Married

5A. IN-MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna L.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 23rd 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
58 8 16 — — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Taxi Driver
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Amos, Mo.
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Joseph Hays

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

12. MAIDEN NAME OF MOTHER Mary Luke

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

14. INFORMANT R. D. Hays
(Address) Hannibal, Mo.

15. Reg 1631 Quisins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/9/1930

17. I HEREBY CERTIFY That I attended deceased from 8-9-1930 to 8-9-1930
that I last saw h. alive on 8-9-1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral thrombosis
82H
102
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED? At home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physiologist findings
(Signed) St. J. Franca, M. D.
, 19 (Age) _____

*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 St. Marys Cemetery DATE OF BURIAL 8.13 1930

20. UNDERTAKER James O'Connell ADDRESS Hannibal, Mo.

