DEC 20 1930

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 35419
Township — Primary Registration District No. 1001 — Registered No. 1242
City St. Joseph, (No. Noyes Baptist Hospital St. Ward)

2. FULL NAME Joseph Hayward,
(a) Residence. No. 3407 Lafayette St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2, 1834

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	96	4	14	

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

9. BIRTHPLACE (CITY OR TOWN) Eckington, Worcestershire
(STATE OR COUNTRY) England,

PARENTS
10. NAME OF FATHER William Hayward,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) England,
12. MAIDEN NAME OF MOTHER Unknown,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) England,

14. INFORMANT Mrs H. L. Graham
(Address) 3407 Lafayette Street.

15. FILED NOV 18 1930, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from November 12 1930 to November 16 1930 that I last saw him alive on Nov. 16, 1930, and that death occurred, on the date stated above, at 5:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
(duration) — yrs. — mos. 5 ds.
CONTRIBUTORY (SECONDARY) Senility
(duration) 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 TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Leroi Beck, M. D.
Nov 17 1930 (Address) King Hill 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, OR REMOVAL	DATE OF BURIAL
Ashland Cemetery	Nov. 19, 1930
20. UNDERTAKER	ADDRESS
Heaton-BeGale-Bowman Funeral Home	319 S. 10 St.

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.