MAR 26 1931

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

-684

6623

1. PLACE OF DEATH
County Pike — Registration District No. — File No.
Township Louisa — Primary Registration District No. 4408 — Registered No. 17
City Bowling Green (No. ..... St. ..... Ward)

2. FULL NAME J. J. Ayres

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 25 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	85	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired 82
(b) General nature of Industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Spencerburg
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER J. J. Ayres Sr.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Elizabeth Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs. Will Rauter
(Address) Bowling Green Mo

15. FILED 3/10 1931 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to Feb 21, 1931, that I last saw h. alive on Feb 21, 1931, and that death occurred, on the date stated above, at 5:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy of 3 hours duration
Hypostatic Congestion death in 12 hours
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 2 2 00
(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) G. W. Livingston, M. D.
, 19 (Address) Bowling Green 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 Bowling Green Cemetery — DATE OF BURIAL 2-26-1931
20. UNDERTAKER Grant Bankhead — ADDRESS Bowling Green Mo

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.