WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

7263

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 7003

City St Louis (No. 1417 So 7th St. ..... Ward)

File No. .....

Registered No. 1573

2. FULL NAME Geaneane Hayden

(a) Residence. No. 1417 So 7th St. 25 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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26-1929

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Everette Hayden

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Advance
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Kern Sisco

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holcomb
(STATE OR COUNTRY) Missouri

14. INFORMANT Everette Hayden
(Address) 1417 So 7th St.

15. FILED FEB -7 1931 19 Max C Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-7 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 5th, 1930, to Feb 7, 1931, that I last saw her alive on Feb 6, 1931, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Measles

7

1078

..... (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Bronchi. Pneumonia

Secondary (duration) ..... yrs. ..... mos. 2 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? .....

(Signed) Frank Dawes, M. D.

2/7, 1931 (Address) 1319 So. Bdway

*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
Holcomb, Mo	Feb 8 1931

20. UNDERTAKER	ADDRESS
Wacker Heldele	2331 So Bdway