

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

Do not use this space.

9070

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 129
 Township Pandal Primary Registration District No. 5180
 City Marion, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Mollie Hays

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. Perry Hays</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5 - 1851</u>		
7. AGE <u>76</u>	YEARS	MONTHS <u>1</u>
		DAYS <u>2</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nurse</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 7, 1931
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to Mar 6, 1931
 I last saw her alive on on March 6, 1931. Death is said to have occurred on the date stated above, at 7:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis
 Endarteritis of the aorta
 and as terminal point
 neuroplegia showed
 etc.
 Other contributory causes of importance:
82 D
 91
 99 B

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Mo, 1</u>
	13. NAME <u>Charles Alexander</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina 2</u>
	15. MAIDEN NAME <u>W. H. Hume</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known 31</u>
17. INFORMANT (ADDRESS) <u>Managing Pharm. Jackson Mo R.F.D. #1</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Placid Hill</u> DATE <u>Mar 9 1931</u>	
19. UNDERTAKER (ADDRESS) <u>McComb Funeral Co Jackson Mo</u>	
20. FILED <u>3-9-1931</u> <u>G. J. Schorrie</u> Registrar.	

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) B. H. Hays, M. D.
 (Address) Jackson, 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.

APR 21 1931

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