

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.

MAY 27 1931

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

12902

1. PLACE OF DEATH

County Sullivan
Township Ruchanan
City (No.) St. Ward)

Registration District No. 85-8-
Primary Registration District No. 6.1.23

File No.
Registered No. 41

2. FULL NAME

(a) Residence. No. Sk. 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. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Etta Ayers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Wm Black Ayers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Haynes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Willie Ayers
(Address) Green City Mo.

15. FILED 8/10/31 Wm Parsons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 23 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Mch 23 1931, 19... to Mch 23 1931, 19... that I last saw h. im alive on Mch 23 1931, 19... and that death occurred, on the date stated above, at 10 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion

118c / (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. H. M.D. M. D.

3/30 . 19 31 (Address) Green City. 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 DATE OF BURIAL

Green City Can. Mar 27 1931

20. UNDERTAKER ADDRESS

Glenn E. Hunt Green City Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

12902

1. PLACE OF DEATH.

County Sullivan
Township Buchanan
City Welcom (No. 1)

Registration District No. 848
Primary Registration District No. 6123

File No. 43
Registered No. 43
St. Mo. Ward 1

2. FULL NAME

Welcom J. Ayers

(a) Residence. No. 1 St. Mo. Ward 1
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30-1867

7. AGE YEARS 43 MONTHS 4 DAYS 23 If LESS than 1 day, hrs. — min. —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Tom Clark Ayers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Haynes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14.

INFORMANT Willie Ayers
(Address) Greencity Mo

15.

FILED 3/20/19 Wm Parson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29 19 31

17. I HEREBY CERTIFY, That I attended deceased from — 19—, to — 19—,

that I last saw him — alive on —, 19—, and that death occurred, on the date stated above, at — m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute indigestion

CONTRIBUTORY (SECONDARY)

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) —, M. D.

, 19 — (Address)

*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

19

20. UNDERTAKER

ADDRESS

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-12902