

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.

27 1931

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

Do not use this space.

18845

1. PLACE OF DEATH
 County Cass Registration District No. 65-3
 Township Hayti Primary Registration District No. 4396
 City Hayti (No. _____) St. _____ Ward _____
 2. FULL NAME Billie Jean Hayes
 (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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 13 1929</u>		
7. AGE YEARS <u>2</u>	MONTHS <u>1</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		10. Date deceased last worked at this occupation (month and year) _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hayti Mo. 1</u>		
13. NAME <u>Richard Hayes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hayti Mo.</u>		
15. MAIDEN NAME <u>Frona Ouellem</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
17. INFORMANT <u>Lenora Hayes</u> (ADDRESS) <u>Swifton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Culp Cemetery</u> DATE <u>May 3 1931</u>		
19. UNDERTAKER <u>Hugh Norris</u> (ADDRESS) <u>Hayti Mo.</u>		
20. FILED <u>5-2-</u> 19 <u>31</u> <u>Geo Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1931, to May 2, 1931.
 I last saw him alive on May 2, 1931. Death is said to have occurred on the date stated above, at 100 m.
 The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset 4-28-31
107
 Other contributory causes of importance: scarlet 4-23-31

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 _____
 Where did injury occur? _____ (Specify city or town, county, and State) (1)
 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) Geo Johnson, M. D.
 (Address) Hayti, Mo.

