

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

Do not use this space.

18954

1. PLACE OF DEATH

County Bokeh
Township Johnson
City Humansville No. _____

Registration District No. 703
Primary Registration District No. 5159

File No. _____
Registered No. 10 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 302 S. Hampton Ward Springfield, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred yes 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 Edna Noyes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>61</u>	<u>5</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

13. NAME James A Noyes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mich.

15. MAIDEN NAME Carrie Apple

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

17. INFORMANT (ADDRESS) Mrs Edna Noyes 703 South Hampton Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamar Mo DATE 5/15 1931

19. UNDERTAKER (ADDRESS) Alma Lohmeyer

20. FILED 5/3 1931 R.A. Joseph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Car accident near Humansville

Other contributory cause of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

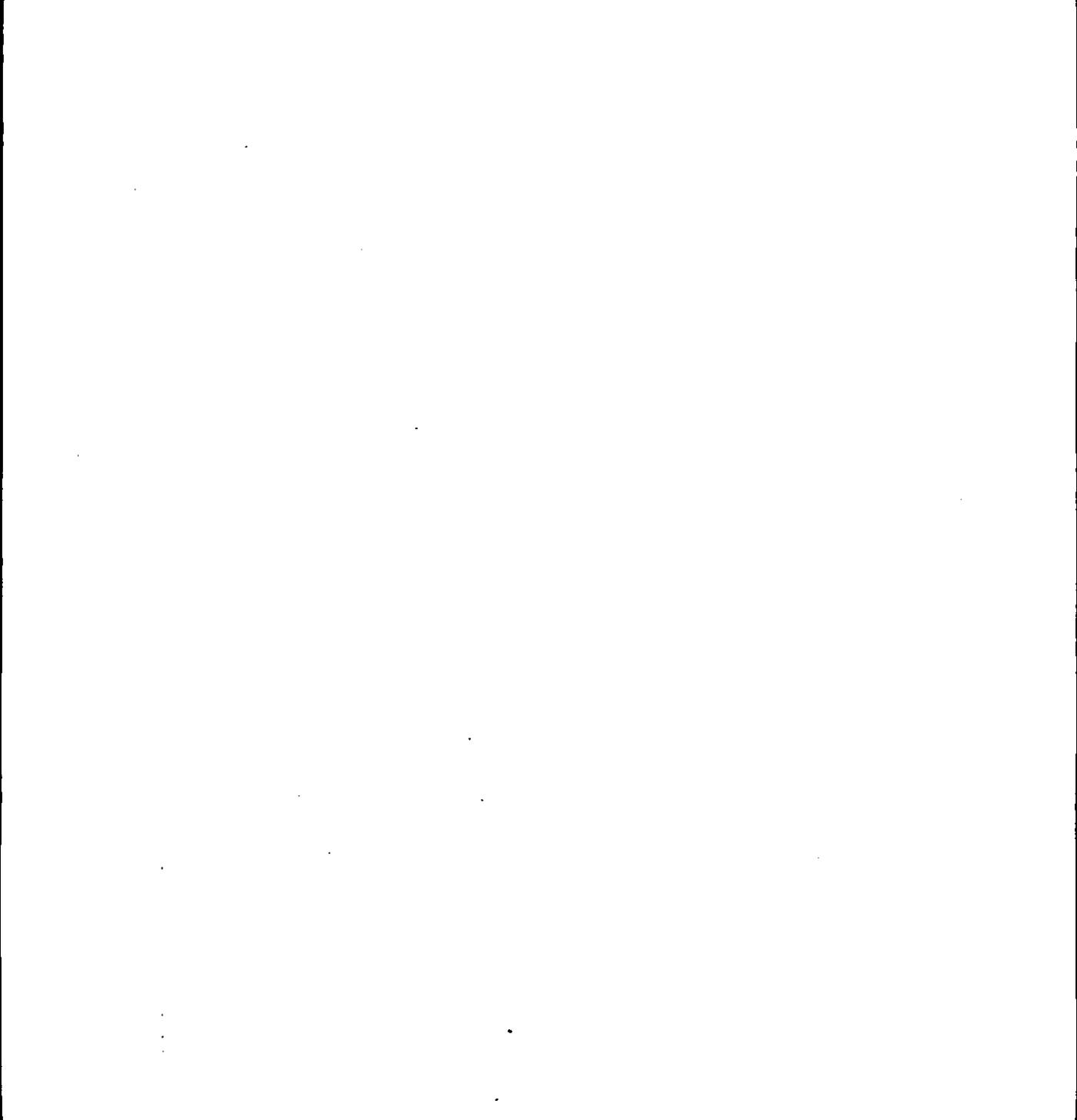
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 3, 1931
Where did injury occur? On R. Highway 15
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury crushed skull
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) S.B. Hutcherson Coroner
(Address) Bohlar Mo

MAY 27 1931



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

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Polk
Township Johnson
City (No.)

Registration District No. 703
Primary Registration District No. 5139

File No. 18954
Registered No. 10

2. FULL NAME

Paul Hayes
(a) Residence, No. 702 Wilmington St.,

Ward. Springfield Mo.
(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>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	DAYS	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		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)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT (ADDRESS)
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..
	19. UNDERTAKER (ADDRESS)
	20. FILED 19.. Registrar <u>X</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 19 31

22. I HEREBY CERTIFY, That I attended deceased from 19.. to 19..

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Car accident near Humansville
Car skidded and turned over on road

Date of onset 21

Other contributory causes of importance:

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? accident Date of injury May 3, 19 31
Where did injury occur? Polk Highway 13
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury crushed skull
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed)....., M. D.
(Address).....

S-12951