

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4
Township _____ Primary Registration District No. 3001
City Kirksville (No. _____) St. _____ Ward _____

File No. **27392**
Registered No. 140

2. FULL NAME

(a) Residence No. Daisy Hays Ward. Livonia Mo.
(Usual place of abode) Allison - Sticks - Hays (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 Female 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 Evert Hays

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-21-1948

| | | | | |
|--------|-----------|-----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAY | IF LESS than 1 day, hrs. or min. |
| | <u>38</u> | <u>00</u> | <u>19</u> | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Missouri

10. NAME OF FATHER Ver Sewell

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

12. MAIDEN NAME OF MOTHER Mary Buck

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

14. INFORMANT Evert Hays
(Address) Livonia Mo.

15. FILED 9/29 1931 C. P. Becker deputy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-10-1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1931, to Aug. 10, 1931, that I last saw him alive on Aug. 10, 1931, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Empyema of pleura
secondary
110A
107A (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Bronchial pneumonia
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
at home
NOT AT PLACE OF DEATH

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-9-31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? aspiration
(Signed) R. K. Edwards, M. D.

*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 Union Temple DATE OF BURIAL 8-12-1931

20. UNDERTAKER Dee Riley ADDRESS Kirksville

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.

SEP 1 1931

1931-8-10
1893-7.21

38-0-19