

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

Do not use this space.

Morgan

31931-a

1. PLACE OF DEATH

County *Meriame*
Township *Meriame*
City *Barnett*

Registration District No. *597*
Primary Registration District No. *5792*

File No.
Registered No. *397*
St. Ward)

2. FULL NAME

Edna R. 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

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

7. AGE *8* YEARS MONTHS *10* DAYS *7* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School Girl*
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) *Barnett Mo*

MOTHER 13. NAME *Edna R. Hayes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Barnett Mo*

15. MAIDEN NAME *Prudence Wilson*

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

17. INFORMANT (ADDRESS) *James Wilson Barnett*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Barnett* DATE *Sept 29 1931*

19. UNDERTAKER (ADDRESS) *N. Adams*

20. FILED *2-1-32* 19*32* *on 2 that* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9/28 1931*

22. I HEREBY CERTIFY, that I attended deceased from *9/19*, 19*31*, to *9/28*, 19*31*. I last saw her alive on *9/19*, 19*31*. Death is said to have occurred on the date stated above, at *2 P.* m. The principal cause of death and related causes of importance were as follows:

Typhoid fever Date of onset *9/15/31*

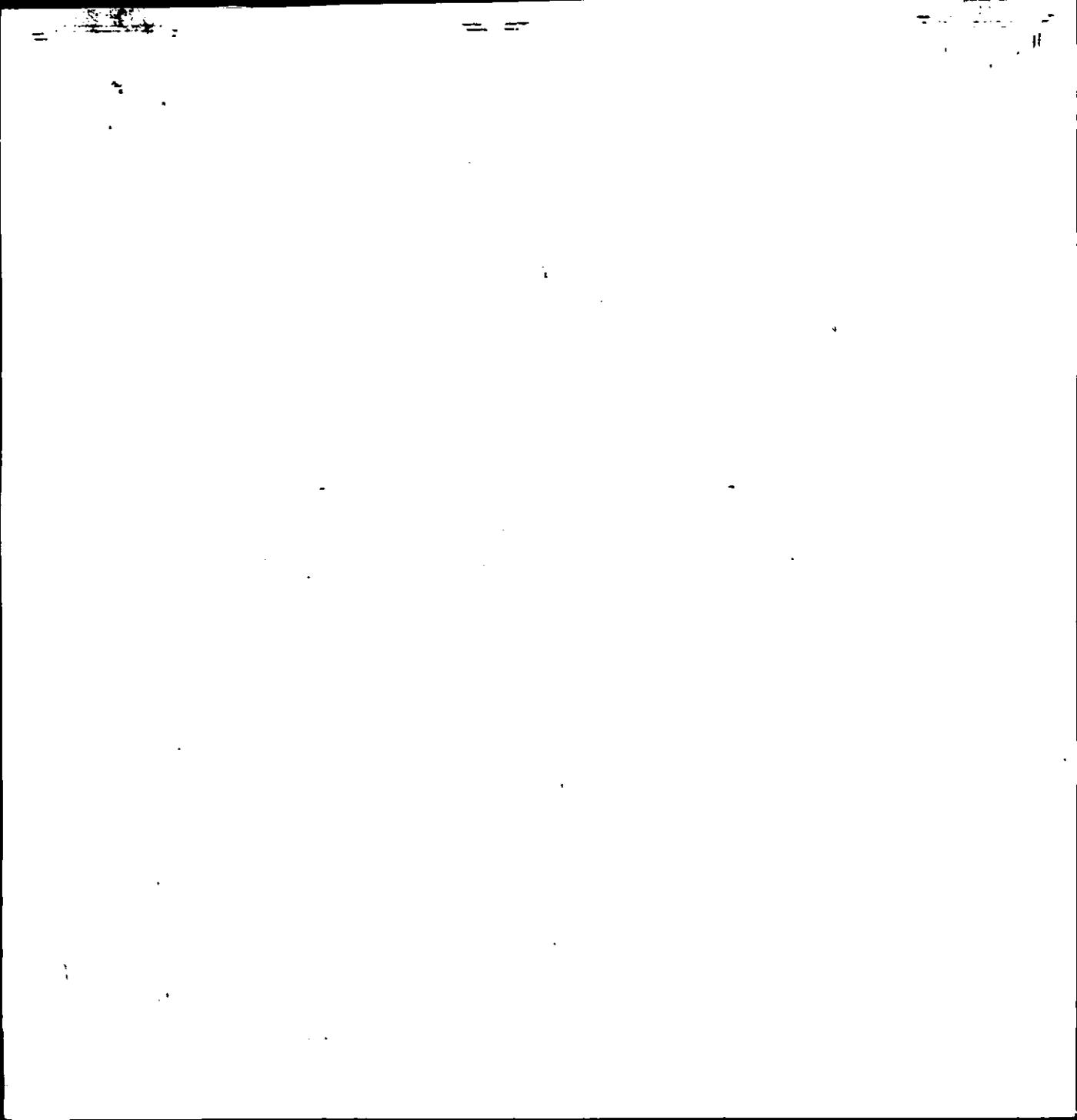
Other contributory causes of importance:

8 Name of operation Date of What test confirmed diagnosis: *Clinical* Was there an autopsy? *No*

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) *L. D. Wether*, M. D. (Address) *Beldon Mo.*



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Morgan
Township Morgan
City (No. _____) _____

Registration District No. 597
Primary Registration District No. 5792

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Elma R. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) A.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1922-10-21

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>8</u>	<u>10</u>	<u>7</u>	

OCCUPATION

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

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) _____

MOTHER FATHER

13. NAME _____

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

15. MAIDEN NAME _____

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 3/9 1932 on L. W. Hatcher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1931

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

I last saw him 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:

Date of onset _____

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? _____ 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? _____
If so, specify _____

(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

SHALL NOT RECEIVE A FEE FOR CERTIFICATE. THEY ARE COMPLETE AS PRESCRIBED.

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