

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.

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

Do not use this space.

33713

1. PLACE OF DEATH

County Butler
Township Blackburn
City Hendrickson (No. _____)

Registration District No. 91
Primary Registration District No. 5135

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 4 mos. 5 ds. How long in U. S., if of foreign birth? — yrs. — mos. — ds. (If nonresident, give city or town and State)

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) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26 - 1931</u>		
7. AGE	YEARS	MONTHS
		<u>4</u>
		<u>5</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	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) _____ Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keener Mo</u>		
FATHER	13. NAME <u>Ray Edward Hayes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keener, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Georgie Taylor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hendrickson Mo</u>	
17. INFORMANT <u>Calvin Hayes</u> (ADDRESS) <u>Hendrickson Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Military Crossing</u> DATE <u>Nov. 1</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) _____		
20. FILED <u>Nov. 1</u> 19 <u>31</u> <u>C. S. Gillham</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 28 - 31 Oct 31 1931
I last saw him alive on Oct 31, 1931. Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:
Diarrhoea Date of onset 10/25/31
marasmus
1193
119
Other contributory causes of importance:
Bilateral Otitis 10/1/31
Medial

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? No
If so, specify _____
(Signed) J. L. Treeherd, M. D.
(Address) Pepler Bluff, Mo.

