

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

Do not use this space.

4558  
~~5057~~  
821

403  
~~201~~  
41238

1. PLACE OF DEATH  
County Jackson

Registration District No. ....

File No. ....

Township Kaw

Primary Registration District No. ....

Registered No. ....

City Kansas City, Raytown (No. ~~Boards Data~~)

St. .... Ward)

2. FULL NAME William P. Hayes

(a) Residence, No. 917 E. 9th. St., .... Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 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 Marie Hayes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	53	5	16	

OCCUPATION 8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Restaurant Chef  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 31  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Rochester, N.Y. (STATE OR COUNTRY) 2

FATHER 13. NAME James P. Hayes

14. BIRTHPLACE (CITY OR TOWN) N.Y. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY) 31

17. INFORMANT Mrs. Marie Hayes (ADDRESS) St. Joseph, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE 2-29-32

19. UNDERTAKER J.P. Louis Funeral Home (ADDRESS) Kansas City Mo.

20. FILED 2728 1932 M. M. Leroune Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25, 1932

22. I HEREBY CERTIFY That I attended deceased from Raytown, Mo., 1932 to 10, 1932. I last saw h. .... alive on 10, 1932. Death is said to have occurred on the date stated above, at 10 m.

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

acute  
998 99  
Other contributory causes of importance: 7  
Date of onset

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

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) Stanley M. Hill, M. D.  
(Address) Raytown

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION

100

100

100

100

**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**

Country Jackson  
Township Brookings  
City Clayton (No. 155038)

Registration District No. 403  
Primary Registration District No. 155038

File No. 4958  
Registered No. 4958  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 917 E. 9th 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. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 5 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chef

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) Rochester, N. Y.

13. NAME James P. Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Marie Hayes  
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE 2-29-32

19. UNDERTAKER E. G. P. Lousis Funeral Home  
(ADDRESS) Kansas City, Mo.

20. FILED 6-4- 1932 W. W. Hobbs, M.D.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25-32

22. I HEREBY CERTIFY That I attended deceased from Deputy Coroner, 1932

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1932. 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:

Acute Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy 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 \_\_\_\_\_, 1932

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) Stanley M. Hall M.D.  
(Address) Deputy Coroner

Every item of information should be carefully supplied. AGE SE 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 required. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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