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

21991

1. PLACE OF DEATH
County: Buchanan
Registration District No. 85
Township:
Primary Registration District No. 1001
City: St Joseph (No. State Hospital #2. St. Ward)
File No.
Registered No. 661

2. FULL NAME Lewis Hayden Lewis Hayden
(a) Residence. No. St., Ward. Princeton, Mo
(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.

AUG 22 1932

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 Ida Hickman Hayden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 9 1868

7. AGE: Years 71 | Months 7 | Days 27 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer, Common
(b) General nature of industry, business, or establishment in which employed (or employer): 45A
(c) Name of employer: 52 152

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER John Hayden
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Margaret Church
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Indiana

14. INFORMANT Records State Hospital
(Address) St Joseph Mo

15. FILED JUL 8, 1932 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1932

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1932, to July 6, 1932, that I last saw h. alive on July 2, 1932, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Metastatic (Primary Lip) Carcinoma of Face (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senile Psychosis over (duration) 1 yrs. 1 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED 45A
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr Rufus Smith, M. D.
7/6, 1932 (Address) St Joseph Mo

*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: State Hospital Cemetery
DATE OF BURIAL: July, 8, 1932

20. UNDERTAKER Walter Meinhoffer
ADDRESS 1302 Faraon St. St. Joseph, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.