

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City K.C. Mo. (No. 6440) Paseo St. _____ Ward _____

22853
File No. _____
Registered No. 20153
St. _____ Ward _____

2. FULL NAME

Richard S. Ayers,
6440 Paseo St., 15 Ward.
(a) Residence, No. _____ (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Ayers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 9 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oil Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 176 1/2
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) La

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. M. E. Kerfoot
(ADDRESS) 5035 Baltimore

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah Cem. DATE 7-16-32

19. UNDERTAKER R.V. Lindsey & Sons, Inc.
(ADDRESS) _____

20. FILED July 15, 1932 K.C. Mo.
M. M. Crovace
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1932

22. I HEREBY CERTIFY that I attended deceased from Nov 30, 1931 to July 12, 1932
I last saw him alive on July 30, 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:

Cardio-Vascular Date of onset _____
Hepatitis Dissecting
Chronic Hepatitis
Valvular Heart lesion
Myocardial infarction
Chronic Hepatitis
Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) Geo T. Hagan M. D.
900 Kells Belt
(Address) _____

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.

