

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

Do not use this space.

27893

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 233  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 7767  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3201 Eads St. 117 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 25 - 1883</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>8</u>	DAYS <u>14</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>Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Co. Missouri</u>			
	13. NAME <u>Dan Hays</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Rachael (unknown)</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>				
17. INFORMANT (ADDRESS) <u>City Hospital</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>8-19</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Walter Richter</u>				
20. FILED <u>16 25 1932</u> <u>City Hospital</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3rd 1932 to Aug. 9th 1932  
I last saw him alive on Aug. 9th 1932 Death is said to have occurred on the date stated above at 12:55 a. m.  
The principal cause of death and related causes of importance were as follows:  
Tuberculous emphysema  
Chronic Myocarditis  
Date of onset 1932

Other contributory causes of importance: None

Name of operation None Date of None  
What test confirmed diagnosis? Clinical 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 No  
(Signed) Maurice A. Billings  
(Address) City Hospital

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.

