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

Do not use this space.

28259

1. PLACE OF DEATH

105 County Sullivan — Registration District No. 853 — File No. 13

Township Liberty — Primary Registration District No. 6117 — Registered No. 13

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Noah P. Hays

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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.

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.

SEP 27 1932

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorene Hays.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	8	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 1
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Harris (STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER Joel Jefferson Hays

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Roanoke (STATE OR COUNTRY) Va 2

12. MAIDEN NAME OF MOTHER Ina Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Near Attawa (STATE OR COUNTRY) Ia

14. INFORMANT A. W. Hays (Address) Harris

15. FILED 8-14, 1932 A. W. Widner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 13 1932

17. I HEREBY CERTIFY, That I attended deceased from April 13, 1932 to Aug. 13, 1932 that I last saw him alive on Aug 6, 1932 and that death occurred, on the date stated above, at 4 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart Disease

92 (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) U. S. Bradley, M. D.

Aug 14 1932 (Address) O Harris 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	DATE OF BURIAL
Union Grove	Aug 15 1932
20. UNDERTAKER	**ADDRESS**
H. J. Martin	Harris