

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

Do not use this space.

31317

1. PLACE OF DEATH

105 County Sullivan
Township Jackson
City Jackson (No.)

Registration District No. 852
Primary Registration District No. 6124

File No.
Registered No.
St. Ward)

2. FULL NAME

Ellen Hayes

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. 6 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Jesse P. Hayes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1846
7. AGE YEARS 86 MONTHS 2 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Mt. Pleasant, Iowa

13. NAME James Hayes

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

15. MAIDEN NAME Eliz

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

17. INFORMANT Clarence Hayes (ADDRESS) Boynston, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem near Milan Mo DATE Sept. 10, 1932

19. UNDERTAKER C. A. Schaefer (ADDRESS) Milan, Mo

20. FILED Oct 6, 1932 Boynston, Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1932 to Sept. 9, 1932
I last saw her alive on July 11, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Enterocolitis
Date of onset
1/20/30
Other contributory causes of importance:
⊕

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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....., 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? no
If so, specify.....
(Signed) J. S. Montgomery, M. D.
(Address) Milan, Mo

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.

OCT 30 1932

