

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

Do not use this space.

33409

1. PLACE OF DEATH

96 County St Louis Registration District No. 786
 6 Township Central Primary Registration District No. 4469
 7 City Maplewood Mo (No. _____) St. _____ Ward _____

2. FULL NAME

Infant Neal Hays
 (a) Residence, No. 3535 Manhattan St. _____ Ward _____
 (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 through) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Maplewood Mo

13. NAME Neal Hays
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Margel Gourley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Neal Hays (ADDRESS) 3535 Manhattan

18. BURIAL, CREMATION, OR REMOVAL Sunset Burial (ADDRESS) ph (DATE) Oct 25 1932

19. UNDERTAKER Croghan (ADDRESS) 146 Manchester

20. FILED Oct 25 1932 Mercedes Schuster Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1932 to Oct 24, 1932
 I last saw him alive on Oct 24, 1932 Death is said to have occurred on the date stated above, at 10 P. m.

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

Cardiac Insufficiency
Klebsiellaria
154
158
 Other contributory causes of importance:
Premature and Month

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? _____
 If so, specify _____
 (Signed) D. C. E. Emerson, M. D.
 (Address) 3470 Easton

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.

NOV 28 1932 NOV 6 1932

