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.

JAN 21 1933

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

Do not use this space.

1. PLACE OF DEATH
5 County Barry Registration District No. 30 File No. 38302
Township Kingsbrains Primary Registration District No. 5042 Registered No.
City (No. , St. Ward)

2. FULL NAME Louise Jay Hayward
(a) Residence, No. 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 13. 1927
7. AGE YEARS 5 MONTHS 2 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION
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) Barry Co. Mo

FATHER
13. NAME Ora Hayward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo

MOTHER
15. MAIDEN NAME Opal Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo

17. INFORMANT (ADDRESS) Ora Hayward Monett Mo RFD
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel DATE 12/28 1932
19. UNDERTAKER (ADDRESS) Callaway Monett Mo
20. FILED 12-29 1932 W. M. West Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932, to Dec 27, 1932
I last saw her alive on Dec 27, 1932. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:
Diphtheria
10 10
Date of onset
Had been sick about [illegible]
Other contributory causes of importance:
1
9
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) [illegible], M. D.
(Address) Monett Mo.