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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, Mo (No. 826 Warsaw St. Ward)

File No. 361
Registered No. 117

2. FULL NAME William Hayes
(a) Residence, No. 826 Warsaw 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Kate Hayes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 17, 1873
7. AGE: 59 YEARS — MONTHS: 1 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter at China Store
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): Forbs Mo.

FATHER
13. NAME: John Hayes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard, Co. Mo.

MOTHER
15. MAIDEN NAME: Anna Wynne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Alonza Hayes 308-So. 19th. St.
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Oregon Mo. DATE: Jan. 25, 1933
19. UNDERTAKER (ADDRESS): I. F. Ramsey 833-So. 9th.
20. FILED JAN 24 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11/3, 1933, to Jan 23, 1933
I last saw him alive on Jan 17, 1933. Death is said to have occurred on the date stated above, at 9:55P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Jan 1932
Other contributory causes of importance:	
Bronchial Asthma	Several Mos.

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Fenton Gundaan, M. D.
(Address) 216½ W. Neo. Ave