

WRITE PENCIL 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 241

Do not use this space.

5206

1. PLACE OF DEATH
 20 County Velloe Registration District No. 5334
 Township S. Benton Primary Registration District No. 241
 City..... (No..... St..... Ward.....)

2. FULL NAME William Harrison Hays 853-
 (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 Male 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 Ida Kahler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 19, 1855

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>77</u>	<u>10</u>	<u>13</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 118

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 108

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) Mo.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Bill Turner (ADDRESS) Buffalo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Huron Home DATE 2-13-33

19. UNDERTAKER L. B. Jones (ADDRESS) Buffalo Mo.

20. FILED 2/10 1933 Stanley Morris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to 2-13-, 1933
 last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at 3 a m.
 The principal cause of death and related causes of importance were as follows:
Influenza Date of onset 1-1-33
Pneumonia 11a 2-1-33
 Other contributory causes of importance:
Pneumonia
 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) G. C. Plummer, M. D.
 (Address) Buffalo Mo.

