

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

Do not use this space.

24399

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 1160
 10 Township Central Primary Registration District No. 4470
 5 City University City No. 7359 Belmont Blvd St. _____ Ward _____
 2. FULL NAME Harry C. Hayward
 (a) Residence, No. 7359 Belmont Blvd. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 00 22
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
 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) Nashville
Tenn.
 MOTHER
 13. NAME Gen. A. Hayward
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston
Mass.
 15. MAIDEN NAME Ellen E. Emme
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville
Tenn.
 17. INFORMANT J. P. Emme Medicine house
 (ADDRESS) 10 Westmead Place
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellefontaine Cem DATE July 17, 1933
 19. UNDERTAKER Wagoner & Co
 (ADDRESS) 3621 Olive St.
 20. FILED July 17, 1933 Lena J. Moeller
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 14, 1933, to July 14, 1933
 I last saw him alive on July 14, 1933 Death is said to have occurred on the date stated above, at 8:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis chronic Date of onset 2 yrs.
930
191 191 305
 Other contributory causes of importance: Heart exhausted 7/14/33
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Ex. 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? _____
 If so, specify _____
 (Signed) W. P. S. Limer M. D.
 (Address) 601 University Club Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS IMPORTANT

AUG 26 1933

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