

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

Do not use this space.

1. PLACE OF DEATH

County..... ISOLATION HOSPITAL Registration District No. 791
Township..... Primary Registration District No. 1003
City..... St. Louis Mo. (No., St. Ward)

File No. 28186
Registered No. 7307

2. FULL NAME

Wilson Hayes
(a) Residence, No. 1509 1/2 Carver St. St. 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19, 1890</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>3</u>
	DAYS <u>19</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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) <u>Genessee</u>		
MOTHER FATHER	13. NAME <u>William Hayes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Mary Sharp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Genessee</u>	
17. INFORMANT <u>Leon Burns 5600 Arsenal</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dickson</u> DATE <u>8-24</u>		
19. UNDERTAKER (ADDRESS) <u>E. W. Reynolds</u> <u>2918 Franklin Ave</u> <u>Aug 24 1933</u>		
20. FILED 19 <u>33</u> <u>J. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1933 to Aug 7 1933
I last saw him alive on Aug 7 1933 Death is said to have occurred on the date stated above, at 1:00 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
23rd
Tubercular Pneumonia
Date of onset 7-22-33

Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury..... 19.....
Where did injury occur? No
(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 No
(Signed) J. W. Schendrum M. D.
(Address) Isolation Hospital

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.

SEP 26 1933

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