

MARGIN RESERVED FOR BINDING

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.

1894  
MAY 4  
1933

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

~~357878~~  
Do not use this space.  
32579  
30079

1. PLACE OF DEATH  
 County Kennett Registration District No. 441  
 Township Center Primary Registration District No. 4259  
 City Edina Mo (No. ....) St. .... Ward ....

2. FULL NAME Ann Hayes  
 (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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John Hayes Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 - 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>91</u>	<u>6</u>	<u>20</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife  
 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) Co. Clara Ireland

MOTHER FATHER

13. NAME John Lynch  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 15. MAIDEN NAME Dark know  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs John M. Green  
 (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Edina Mo DATE Nov 15 - 1933

19. UNDERTAKER Kriegshammer Bos  
 (ADDRESS) Edina Mo

20. FILED Nov 15 - 1933 Mrs C M. Smith  
 Registrar.

2. MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 13 - 1933 to Nov 13 - 1933  
 Last saw him alive on Nov 10 - 1933. Death is said to have occurred on the date stated above, at 4 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Bronchitis  
old age

Other contributory causes of importance:  
old age

Name of operation none 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) J. E. Lussman, M. D.  
 (Address) Edina Mo

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