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.

JAN 4 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 668

Do not use this space.

37453

1. PLACE OF DEATH
County Pettis — Registration District No. ~~3032~~ — File No. 275
Township — Primary Registration District No. ~~66~~ 83032 — Registered No. 668
City Sedalia (No. 314 N. Quincy St. Ward)

2. FULL NAME Monita Maxine Hays
(a) Residence, No. 314 N. Quincy 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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 hrs. or min.

OCCUPATION
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.
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) Sedalia Mo.

FATHER
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER
15. MAIDEN NAME Nora Lucile Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles Mo

17. INFORMANT (ADDRESS) J. T. Hays Versailles Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Nov 9 1933
19. UNDERTAKER (ADDRESS) McLaughlin Bros Sedalia Mo
20. FILED 11-9- 1933 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1933
22. I HEREBY CERTIFY, That I attended deceased from Birth 7 P.M. to death 1 30 P.M. 11/8/33
I last saw her alive on 11/8 1933. Death is said to have occurred on the date stated above, at 1 30 P m.
The principal cause of death and related causes of importance were as follows:
Premature infant 7 months
Patulous foramen ovale
159 P
159
Date of onset
Other contributory causes of importance
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) C B Trader, M. D.
(Address) Sedalia Mo