

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.

EX-109 27 1934

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

Swanley
Do not use this space.
2136
22
File No. 668
Registered No. 668
St. Ward

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. 419 N Hill) St. Ward

2. FULL NAME Nancy Caroline Hays
(a) Residence, No. 419 N Hill 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J.C.Hays

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9. 1856

7. AGE YEARS 77 MONTHS 5 DAYS 13 If LESS than 1 day,hra. ormin.

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

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) Mo.

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

MOTHER 15. MAIDEN NAME Margaret Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. J.W. Utz (ADDRESS) Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Jan. 24, 1934

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia Mo.

20. FILED 1-24- 1934 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22 34

22. I HEREBY CERTIFY That I attended deceased from Jan 1930, 1930, to Jan 22, 1934
I last saw h. or alive on Jan 18, 1934 Death is said to have occurred on the date stated above, at 5:30 pm.
The principal cause of death and related causes of importance were as follows:
Tuberculosis Pulmonary Date of onset 237

Other contributory causes of importance 23

Name of operation Date of
What test confirmed diagnosis? 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) Ol Swanley, M. D.
(Address) Sedalia Mo

100-100000

OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

San Francisco

IN RE: [Illegible Name]

Case No. [Illegible]

[Illegible text]

[Illegible text]