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.

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

Do not use this space.

MAR 24 1934

File No. 4049
Registered No. 216

1. PLACE OF DEATH
County Buchanan — Registration District No.
Township — Primary Registration District No.
City St. Joseph, (No. 2825, Patee St. Ward)

2. FULL NAME Kenneth D. Hayes
(a) Residence, No. 2825-Patee 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 2, 1933

7. AGE — Years: 0 — Months: 6 — Days: 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): St. Joseph, Mo.

FATHER
13. NAME: Kenneth B Hayes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph Mo.

MOTHER
15. MAIDEN NAME: Allene Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Mo.

17. INFORMANT (ADDRESS): Kenneth B Hayes 2825- Patee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland DATE 2-23-34

19. UNDERTAKER (ADDRESS): Ramsey Mortuary 9th. & Olive

20. FILED 2-23-34 John R. Bindner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feby 20, 1934 to Feby 21, 1934. I last saw ... alive on Feby 21, 1934. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Coban Pneumonia
18 hr
1918

Other contributory causes of importance:

Operations

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? No
If so, specify
(Signed) J. R. U. Crawford, M. D.
(Address) 720 S. 24 St. Joseph Mo