

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

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

Do not use this space.

9314

1. PLACE OF DEATH
 41 County Jasper Registration District No. 409
 5 Township Merion Primary Registration District No. 3020
 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME Pachely E. Hayes
 (a) Residence, No. 1733 S Maple St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Lease Hayes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1856

7. AGE YEARS 77 MONTHS 5 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 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) Laura County (STATE OR COUNTRY) Missouri

MOTHER
 13. NAME Samuel Underwood
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Louisa W. Underwood
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

FATHER
 17. INFORMANT Miss Elley Hayes (ADDRESS) 1733 S Maple - Carthage
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Mar 13 1934

19. UNDERTAKER Walter Marshall (ADDRESS) Carthage, Missouri

20. FILED Mar 12 1934 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1933 to March 11 1934
 I last saw her alive on Mar 10 1934 Death is said to have occurred on the date stated above, at 5:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocardial insufficiency Date of onset _____
acute intestinal obstruction
arteriosclerosis

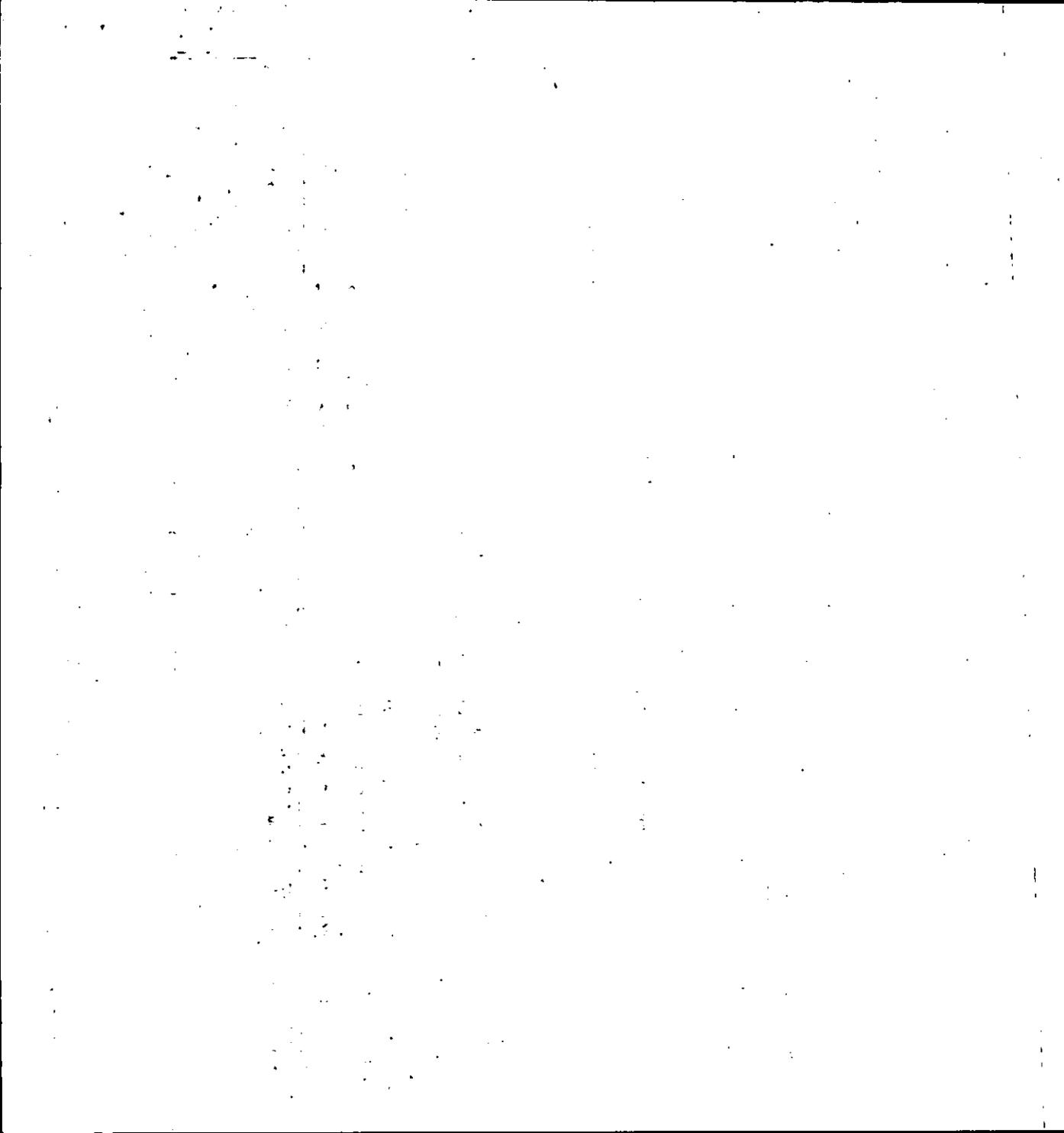
Other contributory causes of importance:
acute intestinal obstruction
arteriosclerosis

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? no
 If so, specify _____
 (Signed) Lloyd Blunt, M. D.
 (Address) Carthage, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper
Township Carthage
City Carthage

Registration District No. 408
Primary Registration District No. 3020

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 11, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

U. S. Hygiene Myocardial infarction - Cause of obstruction unknown - autopsy refused.
Other contributory causes of importance: acute infarction of obstruction. Arterio sclerosis

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED May 14, 1934 L. B. Clinton Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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) _____, M. D.
(Address) _____

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

HICB-S