

WRITE PEANILY, 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.

663

MAY 25 1934

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

Do not use this space.

**PLACE OF DEATH**

County Boone Registration District No. 73  
 Township Columbia Primary Registration District No. 3006  
 City Columbia (No. ....) St. .... Ward) .....

File No. 11907

Registered No. 110

**2. FULL NAME** Wm L. Hays

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis M. Hays</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29, 1860</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>6</u>
	DAYS <u>0</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hardware</u>	
	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) <u>Cooper Co Mo.</u>		
MOTHER FATHER	13. NAME <u>Wm G Hays</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hardy Co Mo.</u>	
	15. MAIDEN NAME <u>Mary E. Hurley</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewersville Mo.</u>		
17. INFORMANT (ADDRESS) <u>Coert Hays Columbia Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Int. 6-1-1939</u>		
19. UNDERTAKER (ADDRESS) <u>Parker F. Lee Columbia Mo.</u>		
20. FILED: <u>5/1/34</u> <u>Allie Selby</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 29<sup>th</sup> 1934 to ....., 19.....

I last saw h. .... alive on Apr 29<sup>th</sup> 19..... Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Gunshot-wound. Self inflicted.

Other contributory causes of importance:

Name of operation 167 Date of 1/6

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? suicide Date of injury 4-29-1934

Where did injury occur? ..... (Specify city or town, county, and State)  
In his store

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) E. G. Davis, Governor  
 (Address) Columbia Mo.

YEAR 4 1946