Dr S.P.M.

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

Do not use this space.

1. PLACE OF DEATH

61 County Miss. Registration District No. 567 File No. 21213

Township St James Primary Registration District No. 5763 Registered No. 38

City E (No. St. Ward)

2. FULL NAME Virgie May Hays

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)

(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.

JUL 14 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27-1907

7. AGE YEARS 27 MONTHS ~~4~~ 3 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Chesterfield Penn.

FATHER

13. NAME Ed Woods

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield Penn.

MOTHER

15. MAIDEN NAME Ellen Mannes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield Penn.

17. INFORMANT (ADDRESS) Ralph Hays East Prairie Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dogwood DATE June 5 1934

19. UNDERTAKER (ADDRESS) Provis Shelby East Prairie Mo.

20. FILED June 5 1934 Duff M Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1934, to June 5, 1934

I last saw her alive on June 4, 1934 Death is said to have occurred on the date stated above, at 49 m.

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

Cancer Uterus

48

Date of onset

Other contributory causes of importance:

48

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 1, 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) D Martin, M. D.

(Address) E Prairie Mo.

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.