

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.

AUG 13 1934

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

Do not use this space.

23695

1. PLACE OF DEATH

County Chariton
Township Fullerton
City Salisbury

Registration District No. 175
Primary Registration District No. 5243

File No. _____
Registered No. 55
St. _____ Ward) _____

2. FULL NAME

Edwin Fitzhugh Hayes
(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Pearl Hayes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 4/1875

7. AGE YEARS 58 MONTHS 8 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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

13. NAME Benjamin Hayes

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

15. MAIDEN NAME Ann Elizabeth Lock

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

17. INFORMANT (ADDRESS) Ann Elizabeth Hayes Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury Cem DATE July 27 1934

19. UNDERTAKER (ADDRESS) Winkelmeyer Bros Salisbury Mo

20. FILED 7-28 1934 Edw. Stewart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25 1934

22. I HEREBY CERTIFY, That I attended deceased from July 25 1934 to July 25 1934. I first saw him alive on July 25 1934. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Hypertensive Nephritis
Uremia
131
Other contributory causes of importance: 131

Date of onset 7-25-34

Name of operation None Date of _____
What test confirmed diagnosis laboratory 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) F. L. Hayes, M. D.
(Address) Salisbury Mo

