SEP 11 19[illegible]

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

Do not use this space.

1. PLACE OF DEATH
County Calloway Registration District No. 105
Township St Aubert Primary Registration District No. 5754
City ..... (No. ..... St. ..... Ward)

File No. 28514
Registered No. 19

2. FULL NAME Mrs. Laura 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 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 John Hays
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-29-1860
7. AGE YEARS 73 MONTHS 10 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Calloway Co Mo

FATHER
13. NAME Ziba Pickering
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Sallie Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway Co Mo

17. INFORMANT (ADDRESS) Mrs Henry Howard Tebbetts Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Middle River Cemetry DATE Aug. 4 1934
19. UNDERTAKER (ADDRESS) Glen Y. Maupin Mokane, Mo.
20. FILED 8-5 1934 W. H. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3 1934
22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to Aug-3, 1934
I last saw her alive on 8-2, 1934. Death is said to have occurred on the date stated above, at 12:31 a.m.
The principal cause of death and related causes of importance were as follows:

Cardio-Vascular Hypertension with Edema

Date of onset

Other contributory causes of importance: Arteriosclerosis Rheumatic Arthritis

Name of operation None 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) W. O. Payne, M. D.
(Address) R#6 Fulton 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.