

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.

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 5000 File No. 35963
Township Kaw Primary Registration District No. Walnut St Registered No. 4494
City Kansas City, Mo. (No. 5017) St. 4494 Ward)

2. FULL NAME

Mrs. Alta Z. Hayes

(a) Residence, No. 5017 Walnut St. Walnut Ward.

(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>Female</u>	4. COLOR OR 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>William T. Hayes</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 11, 1875</u>			
7. AGE	YEARS <u>59</u>	MONTHS <u>1</u>	DAYS <u>29</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>Housewife</u>				
	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) <u>Warrensburg, Mo.</u>					
MOTHER	13. NAME <u>Jeff Ferguson</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>				
	15. MAIDEN NAME <u>Elizabeth Cord.</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>					
17. INFORMANT <u>William T. Hayes</u> (ADDRESS) <u>5017 Walnut</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Moriah</u> DATE <u>Oct. 6, 1934</u>					
19. UNDERTAKER <u>R. V. Lindsey & Sons</u> (ADDRESS) <u>3811 Broadway</u>					
20. FILED <u>Oct 13 1934</u> <u>M. M. Crowe</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934 to Oct 4, 1934
I last saw her alive on 10/4/34 - 1934 Death is said to have occurred on the date stated above, at 3 PM
The principal cause of death and related causes of importance were as follows:
Date of onset

Cerebral thrombosis.
Hypertension

Other contributory causes of importance
none

Name of operation none Date of none
What test confirmed diagnosis? Cholesterol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury none, 19 none
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
none

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none

(Signed) R. V. Lindsey M. D.
(Address) 815 3/4 Street
Kansas City, Mo.

