

JUN 12 1935

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

Do not use this space.

18303

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District **1003**

City **St Louis Mo.** (No. **inroute City Hos, # 2**)

File No. ....

Registered No. **4651**

St. .... Ward)

2. FULL NAME **Jessie Hayes**

(a) Residence, No. **2114 Biddle St** St. **2 /** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 30th, 1899**

7. AGE YEARS **35** MONTHS **10** DAYS **18** If LESS than 1 day, .... hrs. or .... min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laborer** **174**

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) **Camden Ark.**

13. NAME **Will Hayes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Camden ARK**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Francis Hayes** (ADDRESS) **2114 Biddle St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Camden Ark.** DATE **5-25** 19**35**

19. UNDERTAKER **Ellis Funeral Home** (ADDRESS) **9820 St. Louis St.**

20. FILED **MAY 25 1935** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 18th, 1935.**

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at **7 P.m.**

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

**Hemorrhage due to getting corroded artery, frequent vein tight side, neck, pressure of head, acid, from knife in the**

Other contributory causes of importance:

**Rands of Sam Taylor alias son Taylor alt. 9:0 P.M. 5/18/35 in car 2114 Biddle**

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? **Homicide** Date of injury **5/18**, 19**35.**

Where did injury occur? **St. James Mo.** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Home**

Manner of injury **erecting**

Nature of injury **Hemorrhages**

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signature) **Harold P. Shuck** (Address) **1125 1/2 E. 11th St.**

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.

Pic # 1468

