

SEP 2 1 1935

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

Do not use this space.

29940

1. PLACE OF DEATH
53 County Laclede Registration District No. 448
Township Union Primary Registration District No. 5608
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 47

2. FULL NAME Not named - Hays
(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. 18 years
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 - 1930
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5, 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1935 to Sept 5, 1935
I last saw him alive on Sept 5, 1935. Death is said to have occurred on the date stated above, at 3-12 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset _____
Other contributory causes of importance: 5
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

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.

MOTHER 15. MAIDEN NAME Verona M. Hays
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phillipsburg Mo
17. INFORMANT Mrs. Nida Hays
(ADDRESS) _____

Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. Saylor, M.D., M. D.
(Address) Phillipsburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Phillipsburg DATE Sept 5, 1935
19. UNDERTAKER Buried by family
(ADDRESS) _____
20. FILED 112, 1935 Wm. Montgomery Registrar

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.

