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.

OCT 28 1935

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

Do not use this space.

30632

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Clayton — Primary Registration District No. 60339 — Registered No. 258
City Clayton (No. St Louis Co Hosp. St. Ward)

2. FULL NAME Hays - Frank
(a) Residence, No. Sieger St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jeanette Hays

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: YEARS 43 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill Sheet Metal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Forman
10. Date deceased last worked at this occupation (month and year): Jan. 1932
11. Total time (years) spent in this occupation: 17 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Whiteto Illinois

FATHER
13. NAME: William Thomas Hays
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vanderkey Co. Indiana

MOTHER
15. MAIDEN NAME: Mary R. Guard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. James Mo.

17. INFORMANT (ADDRESS): Jeanette Hays - Alton, Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakwood Cemetery Alton, Ill DATE Sept. 14 1935

19. UNDERTAKER (ADDRESS): Robert H. Streeper Alton, Ill

20. FILED 9-12 1935 Dr. A. J. Fitzgerald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-11-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-29-35, 19, to 9-11-35, 19
I last saw him alive on 9-11-35, 19 Death is said to have occurred on the date stated above, at 2:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	

Other contributory causes of importance:
Chr. Hepatic cirrhosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? .....
If so, specify .....
(Signed) R. S. Pores, M. D.
(Address) St Louis Co Hosp.

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