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.

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

NOV 2 1935

Do not use this space.

791

31248

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 8048

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. #5065 Waterman Ave St. ..... Ward)

2. FULL NAME Harriet Lane Hays.

(a) Residence, No. #5065 Waterman Ave. St. Ward 12
(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): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 5 - 1860

7. AGE: YEARS 74. MONTHS 9. DAYS 19. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.
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): Spring Green Wisc.

FATHER

13. NAME: Hiram Alleyham.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York.

MOTHER

15. MAIDEN NAME: Elizabeth Farley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Elizabeth Hays #5065 Waterman Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bellefontaine Cem. DATE: 9-26-1935

19. UNDERTAKER (ADDRESS): O. R. Lupton & Sons. 3449 Olive St.

20. FILED: 9-25, 1935 A. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-24-1935

22. I HEREBY CERTIFY, That I attended deceased from 1924, 19..., to 9-24-35, 19...

I last saw her alive on 9-24-35, 19... Death is said to have occurred on the date stated above, at 11 a.m.

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

	Date of onset
Myocarditis, Chr	
Hypertension, Vascular	

Other contributory causes of importance: Asthma

930

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? ..... 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) W. H. Olmsted, M. D.

(Address) 3720 Washington St Louis

100M-3-28-35

Dr. W. H. Olmsted.
3720 Washington.
Jaff 4511.