

NOV 13 1935

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

Do not use this space.

32843

File No. ....  
Registered No. 41123  
St. .... Ward)

## 1. PLACE OF DEATH

County Jackson Registration District No. 999  
Township Kaw Primary Registration District No. 2  
City Kansas City (No. 321 E Winthrop Road St. .... Ward)

2. FULL NAME W. Forest Hayes

(a) Residence, No. 321 E Winthrop Road St. .... Ward. (If nonresident, give city or town and State)  
(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.

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Charlotte Hayes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
48 3 13

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman for  
9. Industry or business in which work was done, as silk-mill, saw mill, bank, etc. Consolidated Cement Co  
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) Higginsville Mo13. NAME Craig Hayes14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Clara E Bradford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Mrs Charlotte Hayes  
(ADDRESS) 321 E Winthrop Road18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE 10/23/3519. UNDERTAKER Quirk & Tobin Co.  
(ADDRESS) 20 West Linwood20. FILED 10-22-35 M. M. Crowe, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 193522. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1935 to Oct 21, 1935I last saw him alive on Oct 18, 1935 Death is said to have occurred on the date stated above, at 1:30 P M

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

Hypernephroma - leftDate of onset  
1934

Other contributory causes of importance

Secondary anemia1934Name of operation Exploratory Abdomen Date of 9-3-35What test confirmed diagnosis? ↑ Was there an autopsy? No23. 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? NoIf so, specify \_\_\_\_\_(Signed) St. Daniel(Address) 906 Med Arts Bldg. K.C. Mo. M. D.

2381

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No. 4023  
City..... (No. ....) St. .... Ward.....

2. FULL NAME

W. Forest Hayes

(a) Residence, No. .... St. .... Ward.....  
(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 <u>Male</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE YEARS <u>48</u>	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.	
	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE.....19.....		
19. UNDERTAKER (ADDRESS)		
20. FILED <u>10/22</u> 19 <u>55</u> <u>M. J. Cerove</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 21 - 19 55

22. I HEREBY CERTIFY, That I attended deceased from ..... to....., 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Hypemphroma  
Upper pole of left kidney of malignant

Other contributory causes of importance:

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)....., M. D.  
(Address).....

SUPPLEMENTARY

S-32843