J.R.R.

DEC 16 1935

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

Do not use this space.

35298

File No.

Registered No. 30

1. PLACE OF DEATH

12 County Butler — Registration District No. 87

Township Beaver Dam — Primary Registration District No. 5129

City ..... (No. 7 miles west of Poplar Bluff St. ..... Ward)

2. FULL NAME Joe Hays

(a) Residence, No. R.F.D. No. 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Divorded

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7, 1902

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
33	10	17	

OCCUPATION

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

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) Clay County, Arkansas

FATHER

13. NAME J. T. Hays

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Fanny Birden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Alva Hays

18. BURIAL, CREMATION, OR REMOVAL Black Creek Cem.
PLACE Butler County DATE Nov. 26, 35.

19. UNDERTAKER (ADDRESS) Frank Und. Co. Poplar Bluff, Mo.

20. FILED 12/10, 1935 M Sappington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1935

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

I last saw h. 1m alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 P.m.

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

	Date of onset
Internal Hemorrhage from 12 gauge shot gun wound in Rt. umbilical space	11/24/35
	60

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11-24, 1935

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Poplar Bluff Mo.

Manner of injury Accidental Shot gun discharge

Nature of injury Shot gun wound

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Richard Reynolds Coroner

(Address) Poplar Bluff Mo.

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.