

JAN 15 1936

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

Do not use this space.

38924

1. PLACE OF DEATH

County Chariton Registration District No. 175  
Township Salisbury Primary Registration District No. 4104  
City Salisbury

File No. \_\_\_\_\_  
Registered No. 59  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME Oliver 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 26, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935, to Dec 26, 1935

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

I last saw him alive on Dec 26, 1935 Death is said to have occurred on the date stated above, at 9:45 P.M.

7. AGE YEARS about 70 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_ IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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

Chronic myocarditis  
arteriosclerotic degeneration

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 \_\_\_\_\_

Other contributory causes of importance None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

13. NAME Emmet Hayes

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

15. MAIDEN NAME unknown

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

17. INFORMANT Oliver Hayes (ADDRESS) Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury DATE 12/27, 1935

19. UNDERTAKER Geo B Winkelmeyer (ADDRESS) Salisbury Mo

20. FILED 12-27, 1935 W. H. Kauter Registrar.

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Placental Was there an autopsy? No

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? No  
If so, specify \_\_\_\_\_

(Signed) J. H. Harrison, M. D.  
(Address) Salisbury 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.

