

FEB 20 1936

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

Do not use this space.

40285

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 40285  
Township Marion Primary Registration District No. 3079 Registered No. 267  
City Hannibal (No. Elizabeth Hospital St.          Ward         )

2. FULL NAME Loren Martin Hays

(a) Residence, No.          St.          Ward. Monroe City, Mo. R. 1st  
(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3<sup>rd</sup> 1935  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Monroe Co. Mo.  
13. NAME William Alton Hays  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

15. MAIDEN NAME Effie L. Beals  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jewett Mo.

17. INFORMANT W. A. Hays  
(ADDRESS) Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Stephens Cemetery DATE Dec. 30<sup>th</sup> 1935  
(ADDRESS) Monroe Co. Mo.

19. UNDERTAKER Wilson & Son  
(ADDRESS) Monroe City, Mo.

20. FILED Jan 2, 1936 R. H. Schatz  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18<sup>th</sup> 1935 to Dec 25<sup>th</sup> 1935  
I last saw him alive on Dec 24<sup>th</sup> 1935. Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:  
Acute Enteritis of the small intestine Date of onset Dec 16, 1935  
Contaminated Oriskany Corn Meal

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?          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) W. A. Hays, M. D.  
(Address) Monroe City, 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.

WHILE FILLING IN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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