

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

Do not use this space.

4330

FEB 23 1936

1. PLACE OF DEATH

County Washington Registration District No. 884
 Township Richwoods Primary Registration District No. 6193
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Laura Josephine 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 30 - 1848</u>				
7. AGE	YEARS <u>87</u>	MONTHS <u>1</u>	DAYS <u>23</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Data 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) <u>Richwoods, Mo</u>				
FATHER	13. NAME <u>Robert Lewis</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>			
MOTHER	15. MAIDEN NAME <u>Jusnieve Patton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Clair Mo</u>			
17. INFORMANT <u>J. R. Hayes</u> (ADDRESS) <u>Richwoods</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richwoods</u> DATE <u>Jan 22</u> 19 <u>36</u>				
19. UNDERTAKER <u>Wm Casey & Co</u> (ADDRESS) <u>St Clair Mo</u>				
20. FILED <u>Jan 21</u> 19 <u>36</u> <u>O W Parker</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1936 to Jan 27 1936
 I last saw her alive on Jan 21 1936. Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Influenza
NO
 Other contributory causes of importance:
at symptoms of fatal age

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) O W Parker M. D.
 (Address) Richwoods 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.

