

MAR 16 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia (No. ....)

St. .... Ward)

2. FULL NAME Ever Lucy Hayes(a) Residence, No. R. F. D. 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 F. 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. M. Hayes6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 18797. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
56 10 298. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Boone Co. Mo. (STATE OR COUNTRY)13. NAME Robert Carter14. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo. (STATE OR COUNTRY)15. MAIDEN NAME Mary Gaud Carter16. BIRTHPLACE (CITY OR TOWN) Boone Co. Mo. (STATE OR COUNTRY)17. INFORMANT E. M. Hayes (ADDRESS) R. F. D. 4, Columbia Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Celestial DATE 3-2, 193619. UNDERTAKER A. C. Freeman (ADDRESS) Columbia Mo.20. FILED 3/27, 1936 Allie Selby Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Feb 26, 1936I last saw him alive on Feb 24, 1936. Death is saidto have occurred on the date stated above, at 10:55 a.m.

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

Date of onset

Carcinoma of Esophagus

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) Od Moon, M. D.(Address) Columbia 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.

