

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.

Mar. 19 1936

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

Do not use this space.

6356

1. PLACE OF DEATH

County Jackson Registration District No. 404
Township Washington Primary Registration District No. 5558
City Kansas City (No. Armour Memorial Home St. _____ Ward)

File No. _____
Registered No. 20

2. FULL NAME

William Wesley Hay

(a) Residence, No. Armour Memorial Home 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No record

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 16, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 1 27

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Salesman

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) No Record Tennessee

13. NAME James Hay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Tennessee

15. MAIDEN NAME Rebecca Giles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record Virginia

17. INFORMANT Armour Memorial Home Records
(ADDRESS) 81st & Wornall Road

18. BURIAL, CREMATION, OR REMOVAL Forest Hill
PLACE Kansas City, Mo. DATE February 17, 1936

19. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza

20. FILED Feb 17 1936 W. B. Wallace Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 34 to Feb 13, 1936

I last saw him alive on Feb. 12, 1936. Death is said

to have occurred on the date stated above, at P. 10:40

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

Arterial Hypertension
Cerebral haemorrhage Jan 25, 1936

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. B. Wallace, M. D.
(Address) 703 Hathorn Bldg.

Don't know what you mean

13-1-1883

13-1-1883

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