APR 15 1936

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

Do not use this space.

9158

1. PLACE OF DEATH

County Barton — Registration District No. 40 — File No.

Township — Primary Registration District No. 4024 — Registered No. 15

City Lamar (No. , St. Ward)

2. FULL NAME Jane Elizabeth Hays

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert L. Hays

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4 1865

7. AGE: YEARS 71 — MONTHS 0 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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: 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ft. Carrol Illinois

FATHER

13. NAME: James Ainscough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liverpool, England

MOTHER

15. MAIDEN NAME: Susana DeMain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liverpool England

17. INFORMANT (ADDRESS): Fred D. Hays Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Cemetery DATE March 25 1936

19. UNDERTAKER (ADDRESS): C. F. Konantz Lamar, Mo.

20. FILED Mch-25 1936 A. J. Myrtle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch. 16, 1936, to Mch. 24, 1936

I last saw her alive on Mch. 23, 1936 Death is said to have occurred on the date stated above, at 2:07am

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

Influenza

11 Cs

Date of onset.

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) Thos. F. Miller, M. D.

(Address) Lamar, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.