

APR 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

Do not use this space.

12693

1. PLACE OF DEATH

County Registration District No. 1003
Township Primary Registration District No.
City St. Louis (No. Barnes Hospital)

File No.
Registered No. 2736
St. Ward)

2. FULL NAME William Hayden

(a) Residence, No. 4215 1/2 West Center St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. ~~MARRIED~~ WIDOWED ~~DIVORCED~~
HUSBAND OF Johnie Hayden
(or WIFE OF)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18th, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 11 20

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

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) Columbus
(STATE OR COUNTRY) Mississippi

13. NAME Ned Hayden

14. BIRTHPLACE (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Mary Brownridge

16. BIRTHPLACE (CITY OR TOWN) Columbus
(STATE OR COUNTRY) Mississippi

17. INFORMANT Emma Sims
(ADDRESS) 4229a Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE March 14, 1936

19. UNDERTAKER Charles J. Bates
(ADDRESS) 4107 Finney Avenue

20. FILED MAR 12 1936 19 J. H. Bedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1936

22. I HEREBY CERTIFY That I attended deceased from Feb 15, 1936, to March 8, 1936.

I last saw him alive on March 5, 1936 Death is said to have occurred on the date stated above, at 10 a.m.

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

Atherosclerosis
Hypertension
Uremia
Nephritis Chronic

Date of onset

Other contributory causes of importance:

Terminal adeno gland.

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

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) Pearl Knudsen, M. D.

(Address) BARNES HOSPITAL

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.

Wash. Park