

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

Do not use this space.

15789

APR 25 1936

1. PLACE OF DEATH  
County Randolph Registration District No. 448  
Township 11-1-1 Primary Registration District No. 5608  
City Phillipsburg No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ona O Hays  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. H. Hays  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1899  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
36 7 26  
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.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phillipsburg Mo

13. NAME J. W. Stalves

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phillipsburg Mo

15. MAIDEN NAME Annie Hart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Mo

17. INFORMANT W. H. Hays  
(ADDRESS) Phillipsburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Phillipsburg DATE 4/3 1936

19. UNDERTAKER W. E. Halman  
(ADDRESS) Lebanon

20. FILED 4-10 1936 W. H. Montgomery  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1 1936  
22. I HEREBY CERTIFY, That I attended deceased from March 3<sup>rd</sup> 1936, to Apr. 1<sup>st</sup> 1936  
I last saw her alive on \_\_\_\_\_ 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:40 P. M.  
The principal cause of death and related causes of importance were as follows:

Influenza  
HA  
Other contributory causes of importance:  
Bronch. Pneumonia  
Date of onset 3-9-36  
1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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? No  
If so, specify \_\_\_\_\_  
(Signed) J. E. Taylor, M. D.  
(Address) Phillipsburg 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.

