

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.

APR 25 1936

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

Do not use this space.

16251

1. PLACE OF DEATH

County Ozark

Township Bayou

City

(No.

Registration District No. 647

Primary Registration District No. 5857

File No.

Registered No.

St.

Ward)

2. FULL NAME Julia Crumley Hayes

(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 Life 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

Henry Hayes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25, 1881

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day,hrs.
ormin.

64

54

6

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work.

Housewife

(b) General nature of industry,
business, or establishment in
which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ozark County, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER

John Crumley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Berry Co.,
Missouri.

12. MAIDEN NAME OF MOTHER Sally Haddock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Henry Hayes (Husband)

(Address)

Bakersfield, Missouri.

15.

FILED

4-28-36

19

C. A. Beach
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1936

17.

I HEREBY CERTIFY, That I attended deceased from April 8 1936, to April 20 1936
that I last saw h. or alive on April 20 1936, and that
death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bröncho Pneumonia

(duration)yrs.mos. 14 ds.

CONTRIBUTORY Influenza
(SECONDARY)

(duration)yrs.mos.ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Deborah Sloan, M. D.

, 19 (Address) Bakersfield, Missouri.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
(1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or
HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bakersfield, Missouri.

Apr. 21 1936

20. UNDERTAKER

ADDRESS

None

