

MAY 25 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

16256

1. PLACE OF DEATH

County Ozark
 Township Bayou
 City Bakersfield (No.)

Registration District No. 647
 Primary Registration District No. 5857

File No.
 Registered No.
 St. Ward)

2. FULL NAME Malinda Hayes

(a) Residence. No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Reubin Hayes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>October 12, 1853.</u>		
7. AGE <u>82</u>	YEARS <u>6</u>	MONTHS <u>16</u>
IF LESS than 1 day, hrs. min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.
 (b) General nature of industry, business, or establishment in which employed (or employer) House Keeper
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Granger Co.,
 (STATE OR COUNTRY) Tennessee.

PARENTS

10. NAME OF FATHER Berry Coffey
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY)

14. INFORMANT Clyde Hayes (Son)
 (Address) Bakersfield, Missouri.

15. FILED 4-25-36 CC Beach
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 19 36

17. I HEREBY CERTIFY, That I attended deceased from April 27th, 19 36, to April 28th, 19 36, that I last saw her alive on April 28th, 19 36, and that death occurred, on the date stated above, at 10:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia

107a

(duration) yrs. mos. ds.
 CONTRIBUTORY Asthma, Old Age and Debility.
 (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) Subrah Doan, M. D.

May 1, 1936 (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 Bakersfield, Missouri. DATE OF BURIAL Apr. 29 19 36

20. UNDERTAKER None ADDRESS

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.

