

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

Do not use this space.

**OCT 15 1936**

34466

**1. PLACE OF DEATH**

County Jackson  
Township W. C. Mo.  
City General Hosp. #2 (No. 1003)

Registration District No. 399  
Primary Registration District No. 1003

File No. \_\_\_\_\_  
Registered No. 4199  
St. 3d Ward

**2. FULL NAME**

(a) Residence, No. 2314 Woodland 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-8-1914

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
|        | <u>22</u> | <u>6</u> | <u>29</u> |  |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) A. C. Mo.

13. NAME Will Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tex.

15. MAIDEN NAME Clara Goodman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland Hill DATE 9/14/36

19. UNDERTAKER J. K. Moore (ADDRESS) 1820 E. 18th St

20. FILED Oct 11 1936 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-31, 1936 to 9-7, 1936  
I last saw him alive on 9-7, 1936 Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Far Advanced Pulmonary Tuberculosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 85

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical (there an autopsy?) No

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. C. Moore M. D.  
(Address) General Hosp. #2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

