

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.

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

Do not use this space.

44012

JAN 28 1937

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township Chaffee Primary Registration District No. 3009
 City So East Mo Hospital (No.) St. Ward

File No.
 Registered No. 421

2. FULL NAME

John Harold Hays

(a) Residence, No. Chaffee l.o. St. Ward. Chaffee Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mattie Campbell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	43.	1.	18.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Oak Ridge
 (STATE OR COUNTRY) Mo.

MOTHER FATHER 13. NAME Wm C. Hays

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

MOTHER 15. MAIDEN NAME Dixie Ann Clippard

16. BIRTHPLACE (CITY OR TOWN) Oak Ridge
 (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Mattie Hays
 (ADDRESS) Chaffee l.o.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge Cent DATE Dec. 16, 1936

19. UNDERTAKER Haman's Funeral Home
 (ADDRESS) Cape Girardeau Mo.

20. FILED 12-15-36 J. M. Thompson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1936 to Dec 15 1936

I last saw him alive on Dec 14, 1936 Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Tetanus

Date of onset	<u>12/10/36</u>
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Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc Date of injury 12-17-36

Where did injury occur? at home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Struck a splinter in thumb

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. H. Cochran M. D.
 (Address) Cape Girardeau, Mo.

