

JAN 28 1937

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

Do not use this space.

44127

1. PLACE OF DEATH

County Clay Registration District No. 197
Township Salisbury Primary Registration District No. 5276A
City North Kansas City, Mo. Home St. _____ Ward)

2. FULL NAME

Edward Hayden
(a) Residence, No. North Kansas City, Mo. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marriett Hayden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1848

7. AGE YEARS 88 MONTHS 6 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Ky

FATHER 13. NAME F. Hayden

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Ballard Hayden
no 112 no 24

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE Dec 7, 36

19. UNDERTAKER (ADDRESS) Morton Funeral Home
no Kansas City Mo

20. FILED 12-11 1936 Viola C. Meyer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1936, to Dec 6, 1936

I last saw him alive on Dec 6, 1936. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Carcinoma
prostate

Other contributory causes of importance senile

Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was 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

Also, specify (Signed) Russell F. Hodge, M. D.
(Address) North K.C. Mo

