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

Do not use this space.

FEB 15 1937

File No. 218

Registered No. 17

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Robert James Hayes

(a) Residence, No. 810 W. Hyde Park St., 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. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 6, 1937.

7. AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or 15 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

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): St. Joseph, Missouri

FATHER

13. NAME: Hymm H. Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jacksonville, Florida

MOTHER

15. MAIDEN NAME: Violia Marie Kerns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri

17. INFORMANT: Hymm Hayes
(ADDRESS) 810 W. Hyde Park, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cemeter
PLACE St. Joseph, Mo. DATE Jan. 9, 1937

19. UNDERTAKER: H. O. Sidenfaden
(ADDRESS) 802 Union Str. St. Joseph, Mo.

20. FILED 1-8, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10 AM to 4 15 P.M. to Jan. 6, 1937

I last saw him alive on 3 30 P.M. Jan. 6, 1937. Death is said to have occurred on the date stated above, at 4:15 P.M.

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

	Date of onset
Prematurity - 6 months gestation	

Other contributory causes of importance:

Name of operation: No Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) E. E. Wadlow, M. D.

(Address) 620 Francis St., St. Joseph

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.

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

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