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

Do not use this space.

FEB 23 1937

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1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No. 4427
Township Carondelet — Primary Registration District No. 6248B — Registered No. 24
City Jefferson Barracks (No. Veteran Facility - St. Ward)

2. FULL NAME Harry E. HAYES
(a) Residence, No. 4921 Page Blvd St., Ward. St. Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred unyrs. knomos. wnds. How long in U. S., if of foreign birth? unyrs. knomos. wnds.

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 Mrs. Clara J. Hayes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	44	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant work 247
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unavailable
10. Date deceased last worked at this occupation (month and year) unavailable
11. Total time (years) spent in this occupation unknwn

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Missouri

FATHER
13. NAME William Hayes
14. BIRTHPLACE (CITY OR TOWN) Republic (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Martha Harrison
16. BIRTHPLACE (CITY OR TOWN) unavailable (STATE OR COUNTRY) unavailable 31

17. INFORMANT M. Schilling
(ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Jan. 18, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED 1-19, 1937 L. Mowry
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from December 16, 1936 to January 15, 1937
I last saw him alive on January 15, 1937. Death is said to have occurred on the date stated above, at 4:50 m. p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	unknwn

Other contributory causes of importance:
none

Name of operation Laparotomy Date of 1-5-37
What test confirmed diagnosis? phy. exam. clin. manifestations laboratory 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?
If so, specify
(Signed) C. W. Hughes M. D.
(Address) C. W. HUGHES, Chief Medical Officer. Jefferson Barracks, Mo.

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.