

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

100 County Sullivan
Township Jackson
City _____ (No. 2)

Registration District No. 853
Primary Registration District No. 6124

File No. 4666
Registered No. _____
St. _____ Ward _____

2. FULL NAME Robinson Hayward,

(a) Residence, No. Pollock, Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 8 12

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

12. BIRTHPLACE (CITY OR TOWN) Sullivan County, (STATE OR COUNTRY) Missouri.

MOTHER 13. NAME Joseph Hayward,

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

15. MAIDEN NAME Jane Robinson,

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

17. INFORMANT Oden Hayward, (ADDRESS) Pollock, Mo.

18. BURIAL, CREMATION, OR REMOVAL Deeds Cem. Pollock, Mo. DATE Jan. 13, 1937

19. UNDERTAKER C. A. Schoene, (ADDRESS) Milan, Mo.

20. FILED Feb 1937 Chas Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to July 1938
I last saw her alive on June 18, 1936 Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Bronchitis
Date of onset about 1935

Other contributory causes of importance: Anemia

Name of operation none Date of _____
What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____
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) J. P. Roberts M. D.
(Address) Pollock, 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.

