APR 15 1937

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

Do not use this space.

11181

1. PLACE OF DEATH

County Buchanan — Registration District No. — File No.

Township — Primary Registration District No. — Registered No. 292

City St. Joseph (No. SunnySlope Hospital St. Ward)

2. FULL NAME Chester Morris Hayes

(a) Residence, No. 6I4 Mary St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct Ist I936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	0	✓ 5	3	

OCCUPATION

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

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 Mo

FATHER

13. NAME Chester V. Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline Mo

MOTHER

15. MAIDEN NAME Lucille Hall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tarkio Mo

17. INFORMANT (ADDRESS) Chester V. Hayes 6I4 Mary

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cem DATE Mar 6 37 19

19. UNDERTAKER (ADDRESS) Barry-Wylie

Mar 5 1937 H J Nestlebush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 I937 19

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 4, 1937

I last saw him alive on March 4, 1937. Death is said to have occurred on the date stated above, at 8 p.m.

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

Meningitis (mixed infection) — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Spinal fluid — 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

If so, specify

(Signed) J. F. Chiarollino, M. D.

(Address) St. Joseph Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.