

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County Moniteau
Township Weldon Fork
City (No.) (Ward)

Registration District No. 5-73
Primary Registration District No. 4257

File No. 12688
Registered No. 5

2. FULL NAME

Joseph Peyton Hays

(a) Residence, No. St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Amanda Bowen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1858

7. AGE YEARS 78 MONTHS 5 DAYS 8 IF LESS than 1 day,hra. ormin.

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

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) Morgan County Mo.

13. NAME Peter Hays

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

15. MAIDEN NAME Jane Miller

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

17. INFORMANT (Ben J. Hays) (ADDRESS) Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewkirk DATE Dec 9 1936

19. UNDERTAKER (M. J. Kidwell) (ADDRESS) Versailles, Mo.

20. FILED Dec 8 1936 G. B. Helms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7 1936

I HEREBY CERTIFY, That I attended deceased from Dec. 1 1936, to Dec 7 1936

I last saw him alive on Dec 6 1936 Death is said to have occurred on the date stated above, at 11 a. m.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) G. S. Nelson, M. D.
(Address) Holtzman Mo

Exact statement of OCCUPATION is very important. PHYSICIANS should state in plain terms, so that it may be properly classified.

