

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.

MAR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard Registration District No. 840  
Township North Creek Primary Registration District No. 6102  
City Painesville (No. 12571) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 13862

Registered No. 11

2. FULL NAME

Lewis Franklin Hay

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

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Hay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 10, 1873</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>
	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mallsburg, Ind</u> <u>Warick County</u>		
FATHER	13. NAME <u>Lewis Hay</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Willis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT (ADDRESS) <u>Opel Hay</u> <u>Pope's Bluff, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Painesville, Mo</u> DATE <u>Nov 8</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Hickman White, Stone Co</u> <u>Painesville, Mo</u>		
20. FILED <u>Mar 8</u> 19 <u>37</u> <u>Thomas Howard Sloan</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from March 1 1937 to March 6 1937  
I last saw — alive on March 6 1937. Death is said to have occurred on the date stated above, at 2:10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Ulcer of stomach Date of onset \_\_\_\_\_

Other contributory causes of importance  
High blood pressure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) C. B. Chism M. D.  
(Address) Painesville, Mo

