JUN 23 1937

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

Do not use this space.

File No. 20479

Registered No. 12

Registration District No. 441

Primary Registration District No. 56012

1. PLACE OF DEATH

County: Knox

Township: Lyon

City: (No. , St. Ward)

2. FULL NAME: Charles Henry Hayes.

(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 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: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 18 1865

7. AGE: YEARS 71 | MONTHS 7 | DAYS 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

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): Adair Mo.

FATHER

13. NAME: Michael Hayes.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER

15. MAIDEN NAME: Ann Waugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Lawrance Hayes.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Baring Mo. DATE: April 12 1937

19. UNDERTAKER (ADDRESS): Keith Hudson, Edina Mo.

20. FILED: April 11, 1937 Mrs C. M. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 9, 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ April 10, 1937, to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11:00 p.m.

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

Cerebral apoplexy — Date of onset 4-1937

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? History 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) W. L. Landfather M.D.

(Address) Edina 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.