

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.

JUN 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Phelps

Registration District No. 677

File No. 20978

Township

Primary Registration District No. 4403

Registered No. 65

City Rolla

(No. Rolla Hospital)

St. _____ Ward _____

2. FULL NAME Jessie W. Hayes

(a) Residence, No. Licking, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Floyd Hayes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 8 29

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

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) JAN, 1936 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Veneable, Mo.

13. NAME J. A. Bates

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston, Missouri

15. MAIDEN NAME Mary Shippman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Missouri

17. INFORMANT Floyd Hayes (ADDRESS) Licking, Mo.

18. BURIAL, CREMATION, OR REMOVAL Texas Co., Mo. PLACE Arthurs Creek Cem. DATE 5-5-1937

19. UNDERTAKER Smith and Ferguson, (ADDRESS) Licking, Mo.

20. FILED May 5, 1937 Jon. F. Oyers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1937, to May 3, 1937

I last saw h.e.r. alive on May 3, 1937 Death is said

to have occurred on the date stated above, at 11:10 P.m.

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

Atheros in upper part of right lung.

Date of onset

Other contributory causes of importance:

Paranoia

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? _____

If so, specify _____

(Signed) Wesley McFarland, M. D.

(Address) Rolla, Mo.

114 B

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Phelps
Township
City Rolla (No. _____)

Registration District No. 677
Primary Registration District No. 4403

File No. 20978
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ireessie L. Haggnes Hayes

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 8 29

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED July 31 19____

Joe F. Ayers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

abcess in upper part of right lung
Subercular

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? _____
If so, specify _____
(Signed) A. S. J. McFarland M. D.
(Address) Rolla Mo

SUPPLEMENTARY

REGIST. SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THE SAME COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

84692.5

212