

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Callaway*
Township *St Aubert*
City (No. St. Ward)

Registration District No. *185*
Primary Registration District No. *5154*

File No. *23332*
Registered No. *16*

2. FULL NAME

(a) Residence No. *1*
(Usual place of abode)

John Charles Breckridge Hays
Mokane, Mo. 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Laura Hays*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 15, 1857*
7. AGE YEARS *79* MONTHS *9* DAYS *10* If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *no*
10. Date deceased last worked at this occupation (month and year) *retired* 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Callaway Co. Missouri*

13. NAME *Charles N. Hays*

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

15. MAIDEN NAME *Bulcemia Smart*

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

17. INFORMANT (ADDRESS) *Mrs. Henry Howard Mokane, Mo*

18. BURIAL CREMATION OR REMOVAL PLACE *Middle River* DATE *June 27, 1937*

19. UNDERTAKER (ADDRESS) *Wm J. Maupin Mokane, Mo.*

20. FILED *6-27* 1937 *W. H. Williamson Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-25-1937*

22. I HEREBY CERTIFY, That I attended deceased from *3-7-1937* to *6-25-1937*

I last saw him alive on *6-25-1937* Death is said to have occurred on the date stated above, at *9:30 P.M.*

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

Chronic Nephritis Date of onset

Other contributory causes of importance: *Cardiovascular Hypertension General Edema*

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) *W. H. Williamson*, M. D.

(Address) *R # 6 Fulton 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.

