

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.

JUL 28 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County LennyRegistration District No. 347Township ClintonPrimary Registration District No. 3018City Clinton(No. 3)St. Mo.Ward 12. FULL NAME Lima Eden Hay(a) Residence, No. 3St. Mo.Ward 1

(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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mar5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lega Hay6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1898

7. AGE

YEARS 38MONTHS 11DAYS 19

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

House work

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) Springfield Mo

FATHER

13. NAME Clyde S Bills14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

MOTHER

15. MAIDEN NAME Helen S Pattie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankfort Ky17. INFORMANT (ADDRESS) Lega Hay

18. BURIAL, CREMATION, OR REMOVAL

PLACE SpringfieldDATE 6/2719. UNDERTAKER (ADDRESS) Edwards & Kern20. FILED 6-2819 37

J R

Hampson

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25, 193722. I HEREBY CERTIFY, That I attended deceased from 6-14, 1937, to 6-25, 1937I last saw her alive on 6-25, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

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

Cancer Liver

Date of onset

1937

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

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) L. Walker

M. D.

(Address) Clinton Mo

