OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph (No. 2II7 So 4th St St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 33679
Registered No. 988

2. FULL NAME Beulah Hayden
(a) Residence, No. R.F.D.No6 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 26 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 Melvin Hayden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 I905

7. AGE: 32 YEARS, 7 MONTHS, 9 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) 1938
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo

FATHER
13. NAME Frank Lee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingston Mo

MOTHER
15. MAIDEN NAME Jennie Cates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

17. INFORMANT (ADDRESS) Frank Lee Lone Jack Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Amazonia Mo Sept DATE I6 I937 19

19. UNDERTAKER (ADDRESS) Leroy Wylie 2/8 Ave

20. FILED Sept 15 1937 H. J. Nestlebush By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept I3 37, 19

22. I HEREBY CERTIFY, That I attended deceased from August II, 1937, to August 29 37, 19
I last saw her alive on August 29 37, 19 Death is said to have occurred on the date stated above, at 4.30 P.M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	?

48

Other contributory causes of importance:

Typhoid Fever	?

Name of operation no Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) [signature], M. D.
(Address) St. Joseph 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.