

DEC 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DentTownship CurrentCity (No.)Registration District No. 1035Primary Registration District No. 537File No. 41140Registered No. 13St. (No.) Ward (No.)2. FULL NAME Hay A Bain(a) Residence, No. (Usual place of abode) St. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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)

April 1882

7. AGE

YEARS

55

MONTHS

7

DAYS

29

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Farmed

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 all life

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

Montana

13. NAME

Hay Bain

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

Mo

15. MAIDEN NAME

Mary Cray

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

Mo

17. INFORMANT

Hayward Nelson

(ADDRESS)

Hay

18. BURIAL, CREMATION, OR REMOVAL

PLACE Patterson DATE 12-1 1937

19. UNDERTAKER

W. K. Spencer

(ADDRESS)

Salmon

20. FILED

11 30 1937 J. A. Kiscock

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov 30 1937

22. I HEREBY CERTIFY, That I attended deceased from

Nov 25 1937 to Nov 30 1937I last saw him alive on Nov 30 1937 Death is saidto have occurred on the date stated above, at 8:15 m.

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

Carcinoma of Lungs

Date of onset

Other contributory causes of importance:

Name of operation Exploratory Date of Nov 15 1937What test confirmed diagnosis? gross Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? (Specify city or town, county, and State) Date of injury (Specify city or town, county, and State)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) Leslie Randall M. D.(Address) Lucy M.

THE JOURNAL OF THE
ROYAL ANTHROPOLOGICAL INSTITUTE
OF GREAT BRITAIN AND IRELAND

VOLUME 100

1970

PART 1

1970

THE JOURNAL OF THE

ROYAL ANTHROPOLOGICAL INSTITUTE

OF GREAT BRITAIN AND IRELAND

VOLUME 100

PART 1

1970

1970

1970

1970

1970

1970

1970

1970

1970

1970

1970

1970

1970

1970

1970

1970

1970

1970