

JAN 21 1938

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

Do not use this space.

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1. PLACE OF DEATH

County Missouri
Township Hayti
City Hayti (No.)

Registration District No. 653
Primary Registration District No. 4890

File No. 46275
Registered No. 119 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) Aug. 31, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 3 12

OCCUPATION 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 1

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

FATHER 13. NAME Lee Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Obion Co. Tenn.

MOTHER 15. MAIDEN NAME Lamiae Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo.

17. INFORMANT (ADDRESS) Lee Thomas Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Near Hayti Dry Branch DATE 12-14 (??)

19. UNDERTAKER (ADDRESS) Raymond A. Hayti, Mo.

20. FILED 12-14 1937 J.W. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13, 12 noon 1937 to Dec. 13 6:29 pm 1937
I last saw h. a. r. alive on Dec. 13 5:29 pm 1937. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Laryngeal Diphtheria Date of onset 12-12-37

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? STS Was there an autopsy? No

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) A. H. Shroy M. D.
(Address) Hayti, 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.

