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.

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

Do not use this space.

2
1

1. PLACE OF DEATH
County BUTLER — Registration District No. 92 — File No. 2199
12 Township ASH HILL — Primary Registration District No. 5134 B — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME ROBERT HARVEY HAYS 200
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 (write the word)~~: SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 14, 1902

7. AGE: 30 YEARS — MONTHS: 2 ~~3~~ — DAYS: 18 ~~12~~ — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year) DEC 20, 1937
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) BLYTHEVILLE
(STATE OR COUNTRY) MISSISSIPPI CO. ARK.

FATHER
13. NAME J. C. HAYS
14. BIRTHPLACE (CITY OR TOWN) ALABAMA
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME CLARA TENOBLES
16. BIRTHPLACE (CITY OR TOWN) ALABAMA
(STATE OR COUNTRY)

17. INFORMANT COLUMBUS C HAYS.
(ADDRESS) ZULIN MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE ZULIN DATE ~~DEC~~ Jan 3 1938

19. UNDERTAKER J. C. FOX
(ADDRESS) HOLCOMB MO.

20. FILED 2-10, 1938 Scott Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1938, to Jan 2, 1938
I last saw him alive on Jan 2, 1938 Death is said to have occurred on the date stated above, at 10 25 a.m.
The principal cause of death and related causes of importance were as follows:

Infection Nasal passage followed by Meningitis Simple
Cause infection unknown

Date of onset

Other contributory causes of importance:
Meningitis

Name of operation NO Date of —
What test confirmed diagnosis? — 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.

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Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) John L Brown, M. D.
92 (Address) Campbell Mo