

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

Do not use this space.

REC'D MAR 14 1938

6106

**1. PLACE OF DEATH**

County Buchanan  
Township Joseph  
City Joseph (No. 628 Puddleton)

Registration District No. 85  
Primary Registration District No. 1006

File No. \_\_\_\_\_  
Registered No. 181  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 628 Puddleton St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
71 None known None known

8. Trade, profession, or particular kind of work done, as printer, sawyer, bookkeeper, etc. retired had car

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) Union Co. Mo.

13. NAME Frank Hayes Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Mo.

15. MAIDEN NAME Eloise Hubert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Co. Mo.

17. INFORMANT (ADDRESS) Pearl Hayes 628 Puddleton

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 2/12/38

19. UNDERTAKER (ADDRESS) Burke's Mortuary

20. FILED 2/13 1602 President Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1938

22. I HEREBY CERTIFY, That I attended deceased from July 12 1937 to Feb 9 1938

I last saw him alive on Feb 9 1938 Death is said to have occurred on the date stated above, at 3:40 p.m.  
The principal cause of death and related causes of importance were as follows:

chronic nephritis  
stroke paralysis  
right side  
1 1/2 months

Other contributory causes of importance:  
stroke paralysis right side

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? chemico 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) Arthur W. Woodson, M. D.  
(Address) 216 1/2 W. Mead

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.

