WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

REC'D MAR 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County Vernon — Registration District No. 880 — File No. 8430
Township — Primary Registration District No. 4533 — Registered No. 7
City Walker (No. ..., ... St. ... Ward)

2. FULL NAME Catherine Annie 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 Fem
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. W. Hays Widow
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16 1853
7. AGE YEARS 84 MONTHS 11 DAYS 9 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Missouri 0

FATHER
13. NAME Jacob Dale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

MOTHER
15. MAIDEN NAME Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) T. O. Hays San Antonio Texas
18. BURIAL, CREMATION, OR REMOVAL PLACE Newton B. Park DATE Feb. 27 1938
19. UNDERTAKER (ADDRESS) Allen E. Hays Nevada Mo.
20. FILED 2/26 1938 C. B. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 25 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1938, to Feb 25 1938
I last saw her alive on Feb 25 1938. 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:
Bronchial Pneumonia — Date of onset
107 hr.
Other contributory causes of importance:
Name of operation ... 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? ... 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) C. B. Davis, M. D.
790 (Address) Walker Mo