

RECORDED APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

799

Township

Primary Registration District No.

4479

City

File No. 12211

Registered No. 14

St. _____ Ward _____

2. FULL NAME

Sterling Jay

(a) Residence, No.

Ward

(If nonresident, give city or town and State)

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)

married

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

Lillie Hays

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

April 15-1862

7. AGE

75 YEARS

10 MONTHS

29 DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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.

Farmer

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)

Marion, Mo.

MOTHER FATHER

13. NAME

James Hays

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

Marion, Mo.

15. MAIDEN NAME

Elizabeth Hays

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

Marion, Mo.

17. INFORMANT (ADDRESS)

Mrs Sterling Hays

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Sterling City

DATE

3-6-38

19. UNDERTAKER (ADDRESS)

James Lee Hays

20. FILED

5-38 W. M. Tuller

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 4 1938

22. I HEREBY CERTIFY, That I attended deceased from

11-22 19*37*, to *3-4* 19*38*

last saw him alive on *Mar 4* 19*38* Death is said

to have occurred on the date stated above, at *12:10 p.m.*

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

Carcinoma of Rectum, Secondary Anemia

Date of onset

Feb 38

Other contributory causes of importance:

Schistosomiasis Nov. 1937, Prostatic hypertrophy, Chr. Cystitis

Name of operation *None* Date of _____

What test confirmed diagnosis *Chemical* 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) *O. A. McBurney* M. D.

709 (Address) *Slater, 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.

