

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

REC'D AUG 26 1938

26654
 Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 831
 (b) Township Castor Primary Registration District No. 6099 Registered No. _____
 (c) City Bloomfield (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David B. Hays 200

(a) Residence, No. _____ St. Jackson, Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bachelor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-6-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 3 26
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-2-1938
 22. I HEREBY CERTIFY, That I attended deceased from John W. Hays to Aug 1, 1938
 that saw him alive on July 31, 1938 Death is said to have occurred on the date stated above, at 3:15 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
arteriosclerosis.

Date of onset _____

Other contributory causes of importance: 93A1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 FATHER 13. NAME John W. Hays
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 MOTHER 15. MAIDEN NAME Mary J. Horne
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 17. INFORMANT (ADDRESS) C. C. Oliver Bloomfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson City Cemetery 8-5-1938
 19. FUNERAL DIRECTOR (ADDRESS) Chiles Und. Co.
 20. FILED Aug 8 1938 Dr. E. W. Ford Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 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? _____
 If so, specify _____ (Signed) John W. Hays M. D.
Bloomfield, Mo.
 756 (Address)

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)