

SEP 14 1938

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

Do not use this space.

28367

1. PLACE OF DEATH

County..... Buchanan Registration District No.....  
Township..... Primary Registration District No. 1001 File No.....  
City..... St. Joseph (No. Missouri. Methodist Hospital) St. .... Ward) Registered No. 863

2. FULL NAME

Jack Hayden  
(a) Residence, No. Unknown (Transient) St. .... Ward. Chewelah, Washington.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred = yrs. = mos. 1 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) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1878.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 60 ? ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Unknown  
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) Unknown (STATE OR COUNTRY) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Own Statement before death. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Mount Auburn. St. Joseph, Mo. DATE Aug. 20, 1938.

19. UNDERTAKER H. O. Sidenfaden and Son (ADDRESS) 802 Union Str. St. Joseph, Mo.

20. FILED 8/20 1938 J. H. Matthews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1938

22. I HEREBY CERTIFY, That I viewed deceased from Aug 7th 1938 to 1938

I last saw him alive on 1938 Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Hemorrhage following injuries received in Railroad accident

Other contributory causes of importance: Shock

Name of operation Amputation hand Date of 8/6/38

What test confirmed diagnosis? History Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 8/6 1938

Where did injury occur? Union City Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Railroad accident

Nature of injury Caught right arm

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) B. W. Tadlock Coroner M. D.

(Address) King Hill Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

28367  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township ..... Primary Registration District No. 1021 Registered No. 860  
 (c) City St Jo (d) Street No. .... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 Jack Hayden

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED unk  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
60 ? ?  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 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 .....

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

FATHER 13. NAME .....  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE .....

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED ..... 19 .....

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 19 38

22. I HEREBY CERTIFY, That I attended deceased from .....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Heart failure following injuries received in Railroad accident as a pedestrian  
 Date of onset .....

Name of operation 207 m Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury .....

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 B. W. Tadlock med.  
 (Signed) Joseph R. ...  
 (Address) King Hill Bldg.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1938  
S-28367