

REC'D SEP 19 1938

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

29536
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 581
(b) Township _____ Primary Registration District No. 4343 Registered No. 22
(c) City Monroe City (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 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Benjamin Hayden 357

(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 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 Ediza Ann Hayden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-6 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired -
9. Industry or business in which work was done, as saw mill, bank, etc. Delivery Man.
10. Date deceased last worked at this occupation (month and year) 1906. 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Missouri

FATHER 13. NAME Christopher Hayden

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

MOTHER 15. MAIDEN NAME Susan Pierceall

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

17. INFORMANT (ADDRESS) Will S. Hayden
Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Mary's Cemetery Aug-17-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son
Monroe City Mo.

20. FILED Aug 16 1938 W.D. Piptin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-15-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1938, to Aug 15 1938
I last saw him alive on Aug 8 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis
hypertension
arteriosclerosis
atherosclerosis
Date of onset Several years ago

Other contributory causes of importance: Chronic uremia
Relaxation
Date of onset Several years ago

Name of operation None Date of _____
What test confirmed diagnosis Chronic 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) W.D. Piptin M. D.
Monroe City, Mo.
513 (Address)

A review 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.

RECEIVED.

District Health Officer No. 10

District File Number 10-38-87

Date Filed 9-15-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed

O. W. Wilson

Licensed Embalmer No.

1696

P. O. Address

Monroe City, Mo.

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.)

If this body is not embalmed, above space should be left blank.