

REC'D OCT 20 1938

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

32103
Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb Registration District No. 5364
(b) Township Polk Primary Registration District No. 167 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Etta May Hayes 200
(a) Residence, No. _____ St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1900
7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
38 3 30

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Sept 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.

FATHER 13. NAME Homer Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County Mo.

MOTHER 15. MAIDEN NAME Elizabeth Hoover
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madaway County Mo.

17. INFORMANT Wayne W. Hayes (ADDRESS) Union Star Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Sept 5 1938

19. FUNERAL DIRECTOR Lucile M. Wilson (ADDRESS) King City Mo.

20. FILED Sept 5 1938 E. M. Keppel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 4 1938

22. I HEREBY CERTIFY That I attended deceased from August 19 1938, to September 2 1938. I last saw her alive on September 2 1938. Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Date of onset Sept 1937

Other contributory causes of importance:

General Sarcoidosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____, 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) Arthur E. Rockwell M.D.

(Address) Union Star, Mo. 237

Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson, Licensed Embalmer No. 2830

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

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

Signed Lucile M. Wilson

Licensed Embalmer No. 2830

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.)