

NOV 25 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Polk  
Township Morgan  
City Bolivar (No. 2)

Registration District No. 701  
Primary Registration District No. 4422

File No. 36567  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(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

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Thomas F. Hay

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

Oct. 23, 1855

## 7. AGE

83

## YEARS

0

## MONTHS

3

## DAYS

7

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Keeper

## 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) (STATE OR COUNTRY)

Saline County, Missouri

## 13. NAME

Addison Batts

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

Kentucky

## 15. MAIDEN NAME

Martha Jane Ward

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

Missouri

## 17. INFORMANT (ADDRESS)

Mrs. J. W. Mitchell  
Bolivar, Missouri

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Bolivar, Mo. Oct. 30, 1938

## 19. UNDERTAKER (ADDRESS)

W. J. Smith and Erwin  
Bolivar, Mo.

## 20. FILED

11-30, 1938 J. J. R. [Signature]  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 193822. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1938, to Oct. 29, 1938I last saw her alive on Oct. 29, 1938. Death is saidto have occurred on the date stated above, at 49 a.m.

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

apoplexy - cerebral  
hemiplegia  
arteriosclerosis

Date of onset

Other contributory causes of importance:

Senility  
arteriosclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
An 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) W. J. Smith, M. D.  
(Address) Bolivar, Mo.

11-30-38

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.

RECEIVED

District Health Office No. 7,

District File Number 7-38-382

Date Filed 11-7-38