

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

1611
Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH

(a) County **Buchanan** Registration District No. **85**
(b) Township **1** Primary Registration District No. **1001** Registered No. **9**
(c) City **St. Joseph** (d) Street No. **108 N. 2nd St. Joseph Mens Bureau** 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 **Jacob Hayden**

(a) Residence, No. **1113 Henry** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **?/?/59-?**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80--? ? ?

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

12. BIRTHPLACE (CITY OR TOWN) **Lexington, Missouri** (STATE OR COUNTRY)

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **E. E. McClure** (ADDRESS) **1113 Church**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Cemetery** DATE **1/5/39**

19. FUNERAL DIRECTOR **Graves Funeral Home.** (ADDRESS) **806 S. 17th St.**

20. FILED **Jan 5 1939** **H. J. Neethus** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/3/39** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 21**, 19**38**, to **Jan 3**, 19**39**
I last saw him alive on **Jan 3**, 19**39**. Death is said to have occurred on the date stated above, at **3 p.m.**

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

Cerebral Hemorrhage Date of onset **Dec 18 1938**
General Paralysis
arteriosclerosis 25 yrs

Other contributory causes of importance: **arteriosclerosis**

Name of operation **General** Date of _____
What test confirmed diagnosis? **General** 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 _____

Charles H. Werner M. D. (Address) **221 Kirkpatrick Bldg St. Joseph Mo**

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.

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STATEMENT BY LICENSED EMBALMER

I, **A. T. Moore**, Licensed Embalmer No. **948**

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

L. E.

No. **948** or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

A. T. Moore

Licensed Embalmer No. **948**

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.)