

MAR 9 1939

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

5676
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 825
(c) City K. C. Mo. (d) Street No. 2123 1/2 East 37th St. 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

Mrs. Addie Amelia Hays
(a) Residence, No. 2123 1/2 East 37th 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 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 John R. Hays

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 6 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

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) Norborne, Mo.

13. NAME Wm. Lynch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Wm. R. Hays
2123 1/2 E. 37th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Feb. 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner
Kansas City, Mo.

20. FILED 2/27 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1939, to Feb 25 1939

I last saw her alive on Feb 16 1939. Death is said to have occurred on the date stated above, at 10:30 am

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

Pulmonary Embolus
chronic Myocarditis
with left systole

Date of onset 2-25-39

Other contributory causes of importance:

acute Bronchitis

2-15-39

Name of operation no Date of

What test confirmed diagnosis? clinical 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

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) Leo A. O'Brien, M. D.

(Address) 5012 W 39. K.C. 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.

Dr. Leo O'Brien,

801 1/2 West 39th St.

VA: 3660:

W 4909

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.....

Licensed Embalmer No.....

P. O. Address.....

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.