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.

REC'D MAR 20 1939

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

Do not use this space.

File No. 5717
Registered No. 43

1. PLACE OF DEATH

County: Adair
Township:
City: Kirksville (No. C. S. O. Hospital St. Ward)
Registration District No. 4
Primary Registration District No. 3001

2. FULL NAME Grace Arlene Hayes

(a) Residence, No. St., Ward. Lentner, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fe.	Wh.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23. 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	0	0	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Kirksville, Mo 0

FATHER
13. NAME Jack Hayes 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granville, Mo 0

MOTHER
15. MAIDEN NAME Mary Eunice Schaffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lentner, Mo.

17. INFORMANT Jack Hayes
(ADDRESS) Lentner, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelbina, Mo. DATE Feb. 23, 1939

19. UNDERTAKER Million & Barklew
(ADDRESS) Shelbina, Mo.

20. FILED Feb-23, 1939 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw h..... alive on Stillborn, 19..... Death is said to have occurred on the date stated above, at 7.15 A. M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
3 (Signed) [illegible] D.O., M.D.
(Address) Kirksville

RECEIVED
District Health Officer No. 10
District File Number 10-39-161
Date Filed MAR 10 1939