WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 MAY 16 1939

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

Do not use this space.

File No. 15472

Registered No.

1. PLACE OF DEATH

County MARIES — Registration District No. 541

Township JEFFERSON — Primary Registration District No. 5737

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME 200 (MRS) SARAH EMELINE HAYS

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 51 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): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ CHARLES W. HAYS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR. 6, 1852

7. AGE — YEARS: 87 — MONTHS: 1 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
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) JEFFERSON TWP. MARIES CO. MO.

FATHER

13. NAME HARVEY C. LOVE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

MOTHER

15. MAIDEN NAME MARTHA E. SANDS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

17. INFORMANT (ADDRESS) W. C. HAYS LANES PRAIRIE, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE High gate DATE April 22, 1939

19. UNDERTAKER (ADDRESS) S. G. Lickliter

20. FILED May 16 1939 Mrs Lena Johnson 48 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

COMPLICATIONS OF OLD AGE. NATURAL CAUSES AS CERTIFIED AND FOUND BY INQUEST JURY CONDUCTED BY THE UNDERSIGNED JUSTICE IN ACCORDANCE WITH THE LAWS OF THE STATE OF MISSOURI

~~Other contributory causes of importance:~~

Date of onset: 10 [illegible]

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? .....

If so, specify .....

(Signed) Robert C. Terrill J. P. [illegible]

(Address) Belle, Missouri

acting Coroner