

REC'D MAY 1 0 1939

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

15798

Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
 (b) Township Rolla Mo. Primary Registration District No. 4403
 (c) City Rolla Mo. (d) Street No. Rolla Hospital 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 Nora Hayes

(a) Residence, No. Stickney, Missouri 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) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Hayes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 1899

7. AGE YEARS 38 MONTHS 6 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Hayden, Mo

FATHER 13. NAME James L. BULLOCK

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayden Missouri

MOTHER 15. MAIDEN NAME Florence Nelson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayden Missouri

17. INFORMANT (ADDRESS) James Bullock Hayden

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennedy DATE 6/27 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. C. Birmingham Crema Mo

20. FILED 19 38 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938

22. I HEREBY CERTIFY That I attended deceased from June 25 1938 to June 25 1938
 I last saw her alive on June 25, 1938 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:

Purpurous sepsis 7th day after child birth. Date of onset

Other contributory causes of importance: 1450

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 Cholera

(Signed) Rolla Mo. M. D.

(Address) Rolla 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.

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

McBirmingham

Licensed Embalmer No.

3664

P. O. Address

Atlanta, Ga

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

15-798
Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township Primary Registration District No. 4403 Registered No. 56
 (c) City Rolla (d) Street No. Rolla Hospital 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 Nora Hayes
 (a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21 - 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>38</u>	<u>6</u>	<u>4</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayden Mo
 13. NAME James Bullock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayden Mo

MOTHER
 15. MAIDEN NAME Florence Nelson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayden Mo

17. INFORMANT (ADDRESS) James Bullock Hayden Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hermer DATE 6/27 1938

19. FUNERAL DIRECTOR (ADDRESS) W. C. Cunningham Vienna Mo

20. FILED June 4 1939 Joe. F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 25 - 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25 - 1938 to June 25 - 1938
 I last saw him/her alive on June 25 - 1938 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:
Pulmonary sepsis 7 days after childbirth
 Date of onset

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?
 If so, specify
 (Signed) A. Sidney McFarland, M. D.
 (Address) Rolla, 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

