

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

Do not use this space.

RES'D AUG 17 1939

25171

1. PLACE OF DEATH *Butler* Registration District No. *90*
 County *Butler* Primary Registration District No. *0734A*
 Town *Cash Hill*
 City *Brassey Mo.* (No. _____) St. _____ Ward _____

2. FULL NAME *Paul Elton Hayes*
 (a) Residence, No. _____ St. _____ Ward _____
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 19-1938*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Infant*

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) *Brassey Mo*

13. NAME *Charles Jacob Hayes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Brassey Mo*

15. MAIDEN NAME *Debra Hill*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Haulton Co. Ill*

17. INFORMANT (ADDRESS) *Charles Hayes Brassey Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Debra Hill* DATE *8-17-1939*

19. UNDERTAKER (ADDRESS) *Funerary Co. Poplar Bluff Mo*

20. FILED *7-17-1939* *Nov J. Smith* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 16 1939*

22. I HEREBY CERTIFY, that I attended deceased from *7-12-39* to *July 16 1939*

I last saw him alive on *July 13 1939*. Death is said to have occurred on the date stated above, at *3a* m.

The principal cause of death and related causes of importance were as follows:
Acute enterocolitis 7/5/39

Other contributory causes of importance: *1198*

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) *J. P. Meeker* M. D.
 (Address) *Poplar Bluff Mo*

