

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

2428
Do not use this space. 100

FILED FEB 13 1940

1. PLACE OF DEATH

(a) County GREENE Registration District No. 316
 (b) Township _____ Primary Registration District No. 2001 Registered No. _____
 (c) City SPRINGFIELD (d) Street No. 2701 N. SUMMIT STREET 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2701 N SUMMIT STREET 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12, 1892

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
<u>47</u>	<u>8</u>	<u>17</u>		

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DON'T KNOW
 9. Industry or business in which work was done, as saw mill, bank, etc. DON'T KNOW
 10. Date deceased last worked at this occupation (month and year) DON'T KNOW 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOURBON KANSAS

FATHER 13. NAME DR WILLIAM H H AYES
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DON'T KNOW

MOTHER 15. MAIDEN NAME AUGUSTA PHILLIPS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MEMPH IS, TENNESSEE

17. INFORMANT (ADDRESS) Charles Hayes

18. BURIAL, CREMATION, OR REMOVAL PLACE REMOVAL - St. Scott, Kansas DATE JANUARY 30 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul P Smith 739 n main st

20. FILED 1/30/1940 Chas A. Benson M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1940

22. I HEREBY CERTIFY That I attended deceased from Jan 21 1940 to Jan 29 1940
 I last saw him alive on Jan 30 1940 Death is said to have occurred on the date stated above, at 11 P m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary Ptosis
by complicated
lobar pneumonia
of right lung Date of onset 1/20

Other contributory causes of importance:
Pulmonary Ptosis
phthisis
 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 _____ (Signed) H. F. Kerr M. D.
 (Address) Springfield 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, _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Fred W. M. Taylor
Licensed Embalmer No. 2886
P. O. Address Springfield

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.

X