

1917 FEB 25 1941

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

3825
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
(b) Township Rallett Primary Registration District No. 4403
(c) City Rallett (d) Street No. 1 Registered No. 11
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth 7 yrs. mos. ds. 6

2. PRINT FULL NAME

(a) Residence, No. Cape Girardeau St. ms (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 6 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) Cape Girardeau Missouri

13. NAME Lyman Le Roy Hayden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Mo.

15. MAIDEN NAME Emima L. Harman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballerger Mo.

17. INFORMANT Lyman L. Hayden (ADDRESS) Cape Girardeau Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau Mo DATE 1/12, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Harry McCann Rallett Mo

20. FILED Jan. 12, 1941 Joe F. Ayers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10th Jan. 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1941, to Jan 10, 1941. I last saw h. alive on Jan 10, 1941. 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:

Double Labor Pneumonia
Date of onset 10/8

Other contributory causes of importance:

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) William H. Brent M. D. (Address) St. James, Mo.

K. 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.

81
2
2

RECEIVED

District Health Officer No. 5,

District File Number 241191

Date Filed _____

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 A. J. Johnson

Licensed Embalmer No. 928

P. O. Address Salem, N.H.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3825-

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 677

Primary Registration District No. 4403

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Cape Girardeau
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Harry Lewis Hayden

(b) If veteran, name war _____

(c) Social Security No. 49062-5212

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased: June 14, 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
29 6 28 _____ min.

9. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name _____

13. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4-4-41 (b) Joe F. Ayers
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Wm H Brewer (M. D. or other) _____

Address St James mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL

1/41

