

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

Do not use this space.

13361

1. PLACE OF DEATH

County Jackson
Township Low
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1693
Ward _____

2. FULL NAME

(a) Residence. No. Salisbury, Mo., St. Ward. _____
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. 2 da. How long in U.S., if of foreign birth? yrs. mos. da.

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 (OR) WIFE OF Mrs. Laura Hayward

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 11 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Candler Packing Co

9. BIRTHPLACE (CITY OR TOWN) Keokuk, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph P. Hayward

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Butt Branch
(STATE OR COUNTRY) Mass.

12. MAIDEN NAME OF MOTHER Mary Pruitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Butt Branch
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Laura Hayward
(Address) Salisbury, Mo.

15. FILED 4-15-28 M. M. Cengel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15, 1928

17. I HEREBY CERTIFY That I attended deceased from April 13, 1928 to April 15, 1928
that I last saw him alive on April 15, 1928, and that death occurred, on the date stated above, at 1:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis, gangrenous, perforative, acute.

CONTRIBUTORY (SECONDARY) General peritonitis and adynamic ileus (duration) 3 yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF April 13, 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & operation

(Signed) Frank K. Schaefer, M. D.

Apr 15, 1928 (Address) 1002 Argyle Bldg -

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salisbury, Mo

DATE OF BURIAL 4/15/1928

20. UNDERTAKER Freeman Mortuary

ADDRESS Salisbury, 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.

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7:30 A.M. Sunday