

DEC 22 1930

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

Do not use this space.

35961

351  
4208

1. PLACE OF DEATH

County... Franklin  
Township... Deep Water  
City... Deep Water, Mo.

Registration District No. 351  
Primary Registration District No. 4208

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Gas Haysle

(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 35 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Maudie Haysle

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 7 17

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Central City  
(STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER Levi Haysle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Mary McChumsky

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Gas Haysle  
(Address) Deep Water, Mo.

15. FILED 11-5-30 J. J. J. J. J.  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 25 1930

17. I HEREBY CERTIFY, That I attended deceased from 11:27  
to 12:00, 1930, to 12:00, 1930  
that I last saw him alive on Nov 23, 1930, and that  
death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
10th Labor Pneumonia  
87H and other complications  
(duration) 2 yrs. 2 mos. 2 da.

CONTRIBUTORY (SECONDARY) Prostration  
Arteriosclerosis (duration) 3 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF BIRTH: \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? N.O. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. H. Haysle, M. D.

11-3, 1930 (Address) Deep Water, Mo.

\*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 Evanswood Cemetery DATE OF BURIAL 11-6-30

20. UNDERTAKER Tom Hunt ADDRESS Deep Water

N. B.—Every item of this return 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.

PHYSICIAN'S OFFICE  
1000 ...

PHYSICIAN'S OFFICE  
1000 ...



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Henry  
Township.....  
City Deepwater (No. ....)

Registration District No. 351  
Primary Registration District No. 4208

File No. ....  
Registered No. 12  
St. .... Ward)

**2. FULL NAME**

(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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 16 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 7 17

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work .....
- (b) General nature of industry, business, or establishment in which employed (or employer) .....
- (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....

(STATE OR COUNTRY)

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY)

14. INFORMANT (Address) .....

15. FILED 11-5 30 J. J. Russell REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 3 19 30

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) .....

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.  
, 19 (Address)

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

N. B.—By... AGE should be stated EXACTLY. PARTIAL... should state... classified. Exact statement of OCCUPATION... important. BY LAW... ES... TIL THEY ARE COM LETE AS... A FEE... REGISTRAR

SUPPLEMENTARY

S-35961