

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

Do not use this space.

1. PLACE OF DEATH

County Perry Registration District No. 660
 Township Central Primary Registration District No. 5878
 City Perryville, Mo. (No. _____) St. _____ Ward _____

File No. 25829
 Registered No. 40

2. FULL NAME Mr Zefferenis Hayden.

(a) Residence, No. Perry Co Poor Farm 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 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County patient.

9. Industry or business in which work was done, as silk mill, 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) Perry Co. MO

13. NAME Charles W Hayden.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. MO

15. MAIDEN NAME Ann Frances Brown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. MO

17. INFORMANT Mr Danz. Supt of County Farm.
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope Cem. DATE 7/16/34. 19

19. UNDERTAKER Young & Fenwick Und.
 (ADDRESS) Perryville, Missouri.

20. FILED July 16 1934 E. P. Brewer
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Perryville, 1934, to July 14, 1934.

I last saw him alive on July 14, 1934. Death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.

Date of onset _____

Other contributory causes of importance: _____

Name of operation no Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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? at home (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) Dr. Harry J. Thompson, M. D.

(Address) Perryville, 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.

