

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

Do not use this space.

9796

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township _____ Primary Registration District No. 3008
 City Fulton (State Hosp)
 2. FULL NAME Danuel N. Hay
 (a) Residence, No. Jewettown 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 yrs. mos. 22 da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. _____
 Registered No. 75
 St. _____ Ward _____

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 _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 59 | No information
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Farmer
 (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) Mo
 10. NAME OF FATHER No information
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information
 12. MAIDEN NAME OF MOTHER No information
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No information
 14. INFORMANT State Hospital records
 (Address) Fulton Mo
 15. Mar 29 29 P. N. Crees
 REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29 19 29
 17. I HEREBY CERTIFY, That I attended deceased from Viewed
dead boy 3-29 to 3-29 19 29
 that I last saw him alive on _____, 19 _____, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH WAS AS FOLLOWS:
Strangulation Self inflicted, Success to hanging self with wire in toilet
 (duration) yrs. mos. da. _____
 CONTRIBUTORY depressed Mentee
 (SECONDARY) type (duration) yrs. mos. da. _____
 18. WHERE WAS DISEASE CONTRACTED? 168
 IF NOT AT PLACE OF BIRTH? _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Reduction of throat
 (Signed) R. J. S. J. Taylor, M. D.
 _____, 1927 (Address) Callaway Co 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 DATE OF BURIAL
Jewettown Mo 3/31 19 29
 20. UNDERTAKER ADDRESS
Herndon Taylor Fulton Mo.

MAR 24 1929
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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This patient was admitted to State Hospital #1 March 7th, 1929. He was in a depressed and agitated condition. He attempted suicide March 27th, 1929 by trying to throw himself under an automobile. On the 29th of March he went into the stool room of his ward and hung himself on a piece of wire hanging from the plumbing. He died half an hour afterwards from strangulation.