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.

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

Do not use this space.

26834

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3440
City Kansas City (No. St Joseph's Hospital St. Ward)

2. FULL NAME Henry J. Hayes
(a) Residence. No. Independence St. Mo. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28 1858

7. AGE: 72 YEARS — MONTHS: 1 — DAYS: 20 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 137 133
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dublin
(STATE OR COUNTRY) Ireland

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT T. L. Mainey
(Address) 920 Haskell

15. FILED 8/19, 1930 M. M. Crowe REGISTRAR
Asst

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 30 ~~Aug 17~~, 19~~30~~, to Aug 17, 1930 that I last saw him alive on August 17, 1930, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Anuria due to shock following Prostatectomy operation
Hypertrophy of Prostate
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 135
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 14 - 1930
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓
(Signed) Clarence S Capell, M. D.
8/18, 1930 (Address) 1135 Rialto Kansas City 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: Mt Calvary Cem. — DATE OF BURIAL: Aug 20 1930

20. UNDERTAKER: Daniels Bros — ADDRESS: 644 Kansas Kan Mo

Lawrence [illegible] Vic. 9574
[illegible]