

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

Do not use this space.

2188

1. PLACE OF DEATH

56 County Lewis Registration District No. 477
 1 Township Denton Primary Registration District No. 4286
 2 City Denton, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 4

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 Mable Stevens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 - 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent
 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) 1 year
 11. Total time (years) spent in this occupation. 2.25 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waco, Ill.

13. NAME Thomas L. Hayes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Nancy Dear

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moberly, Mo.

17. INFORMANT (ADDRESS) Mrs. Mable Hayes (wife)
Denton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Grove Denton, Mo. DATE Jan. 20, 1933

19. UNDERTAKER (ADDRESS) F. D. Harris
Denton, Mo.

20. FILED Jan 20, 1933 F. D. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb. 6, 1932, to Jan. 18, 1933.
 I last saw him alive on Jan. 18, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Carcinoma of Spine Date of onset Feb. 1932

530 - 13
736
 Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? Microscopic 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? _____ (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? no
 If so, specify _____
 (Signed) W. Harris, M. D.
 (Address) Denton, 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.

WHITE PLAIN; WITH OUTLINED INTERLINES IS A TEMPORARY MEASURE

