

NOV 19 1935

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

Do not use this space.

32056

1. PLACE OF DEATH
County Callaway Registration District No. 1111
Township Newlayph Primary Registration District No. 5160
City (No.) St. Ward

2. FULL NAME Mary Jane Hayes
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James R. Hayes</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 5th 1861</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>8</u>	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home wife</u>			
	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) <u>Audrain Co Mo</u>				
MOTHER FATHER	13. NAME <u>Thomas Broadus</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	15. MAIDEN NAME <u>Harriet Bancett</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Audrain Co. Mo.</u>			
17. INFORMANT <u>Nelson M. Hayes</u> (ADDRESS) <u>Nelson 110 12th</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Centralia Mo</u> DATE <u>Oct 9th 1935</u>				
19. UNDERTAKER <u>Centralia</u> (ADDRESS) <u>Frank M. Donald</u>				
20. FILED <u>10/12/35</u> 19 <u>35</u> <u>B. H. Stephens</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to Oct 7 1935
I last saw him alive on Oct 7 1935. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy.
Date of onset Oct. 1

Other contributory causes of importance:
Hypertension
arteriosclerosis
10 yrs

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) Frank M. Donald, M. D.
(Address) Centralia

WHITE CARBON, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

