

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mason Registration District No. 547
Township Mason Primary Registration District No. 3029
City Hannibal (No. 407 Marketway Ave) St. _____ Ward _____

File No. 12589
Registered No. 85

2. FULL NAME Katherine Agnes Hayer

(a) Residence, No. 407 Marketway 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Hayer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 6 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Spalding MO

13. NAME John O' Maraugh

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

15. MAIDEN NAME Margaret Galvan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs James Francis
(ADDRESS) 407 Marketway Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barkly New London DATE March 8 1937

19. UNDERTAKER James Campbell
(ADDRESS) Hannibal Mo

20. FILED March 6 1937 J. C. Fisher
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1937

22. I HEREBY CERTIFY, That I attended deceased from March 5 1937, to March 6 1937

I last saw her alive on March 5 1937 Death is said to have occurred on the date stated above, at 8:15 a m.

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

Cerebral Hemorrhage
(left side) Date of onset 3-5-37

Other contributory causes of importance:

Name of operation _____ 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? _____
(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) J. L. Parks M. D.
(Address) Hannibal, Mo.

