

REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County PeruTownship HaytiCity HaytiRegistration District No. 653Primary Registration District No. 4390File No. 19099Registered No. 45-

2. FULL NAME

(a) Residence, No. Hayti, Mo. St. Mo. Ward. 630
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 387. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 09. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010. Date deceased last worked at this occupation (month and year) 0 11. Total time (years) spent in this occupation 012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti, Mo.13. NAME Jed Shorty14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford, Mo.15. MAIDEN NAME Mabel Kingcade16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss17. INFORMANT (ADDRESS) Jed Shorty Hayti18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan Cemetery DATE May 22, 193819. UNDERTAKER (ADDRESS) Friends Hayti20. FILED 6/22 1938 JWR Rode Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 193822. I HEREBY CERTIFY, That I attended deceased from May 22, 1938 to May 22, 1938I last saw h. alive on May 22, 1938. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

No attending Physician Date of onset 12/4

Other contributory causes of importance:

Supposed Premature birthName of operation None Date of NoneWhat test confirmed diagnosis? None Was there an autopsy? None23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury None, 19 NoneWhere did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoneIf so, specify JWR Rode, Registrar(Signed) JWR Rode(Address) Hayti, Mo.536

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10/10/1944

Dear Mr. [Name]
[Faded text]

[Faded text]

[Faded text]

[Faded text]

[Faded text]

[Faded text]