

8270 JUL 22 1938

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

Do not use this space.

22407

## 1. PLACE OF DEATH

County Marion Registration District No. 547  
Township Marion Primary Registration District No. 3079  
City Hannibal (No. 2019, Spence) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 181  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Ayers

(a) Residence, No. 2019 Spence St. \_\_\_\_\_ Ward 630  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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 <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 12 1900</u>		
7. AGE <u>38</u> YEARS	MONTHS <u>2</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Table waiter</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 <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frankford Mo.</u>		
13. NAME <u>Riley Ayers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frankford Mo.</u>		
15. MAIDEN NAME <u>Anna Westrum</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frankford Mo.</u>		
17. INFORMANT <u>Mrs Laura Day</u> (ADDRESS) <u>2019 Spence St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Robinson Cem.</u> DATE <u>June 17, 1938</u>		
19. UNDERTAKER <u>William Sephus</u> (ADDRESS) <u>810 W. St.</u>		
20. FILED <u>June 17, 1938</u> <u>H. C. F. Baker</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1938

22. I HEREBY CERTIFY That I attended deceased from May 15, 1938 to June 15, 1938  
I last saw him alive on June 15, 1938 Death is said to have occurred on the date stated above, at 3:00 p.m.  
The principal cause of death (and related causes of importance) were as follows:

Cerebral Apoplexy  
12/4/61

Date of onset

Other contributory causes of importance:  
Supposed Heredity

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) H. C. F. Baker, M. D.  
(Address) Hannibal Mo.

N. B.—Every item of information should be carefully supplied. A 02 should be stated whenever 02 is required. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

