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

Do not use this space.

33520

NOV 23 1931

WRITE PLAINLY, 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.

1. PLACE OF DEATH
County Barry Registration District No. 30 File No.
Township Primary Registration District No. 3003 Registered No.
City Monett (No. , St. Ward)

2. FULL NAME Elisha Lenox Hayler
(a) Residence, No. 200 Central 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Blanche O. Hayler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14. 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	45	10	7	

OCCUPATION

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

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) Sept. 1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Missouri

FATHER

13. NAME John A. Hayler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

MOTHER

15. MAIDEN NAME Sally Fly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co. Mo

17. INFORMANT (ADDRESS) John A. Hayler Monett Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Old Lyman DATE 10/23 1931

19. UNDERTAKER Callaway (ADDRESS) Monett Mo

20. FILED 10-22-1931 W. M. Wist Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1931, to Oct 21, 1931
I last saw him alive on Oct 21, 1931. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot with homicidal intent	
173	
173	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 9/21, 1931
Where did injury occur? Monett Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public street
Manner of injury Shot by bullet
Nature of injury Piercing Epigastric

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. M. Wist, M. D.
(Address) Monett Mo