

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

Do not use this space.

16832

1. PLACE OF DEATH

County Morgan
Township Morgan
Wm. Johnson (No. _____)

Registration District No. 953
Primary Registration District No. 5792.6

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Ada E. Hays
(a) Residence. No. _____ 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 <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>Thor Hays</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 23 1880</u> | | |
| 7. AGE YEARS <u>50-</u> | MONTHS <u>2</u> | DAYS <u>19</u> |
| IF LESS than 1 day, _____ hrs. or _____ min. | | |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer | | |

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Morgan Co., Mo

| | |
|---------|---|
| PARENTS | 10. NAME OF FATHER <u>Josiah Lehman</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill -</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Rebecca Shaw</u> |
| | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u> |

14. INFORMANT Thor Hays
(Address) Ursula Mo

15. FILED 5/20 1930 John H. Cooper
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1. 16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1930
17. I HEREBY CERTIFY, That I attended deceased from May 12, 1930, to May 13, 1930 that I last saw her alive on May 12, 1930 and that death occurred, on the date stated above, at 8:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer (Uterine)
470 46 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____
3 DID AN OPERATION PRECEDE DEATH? Y DATE OF Feb-1929
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. S. Wilson, M. D.
5-13-30 (Address) Fortuna

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Methodist Cemetery DATE OF BURIAL May 17 1930

20. UNDERTAKER Methodist Burial Home ADDRESS _____

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.

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