

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

Do not use this space.

36456

1. PLACE OF DEATH

County Monteau
Township Pilot Grove
City Edith Hays (No.)

Registration District No. 573
Primary Registration District No. 4337

File No.
Registered No. 1
St. Ward

2. FULL NAME

Edith Hays

(a) Residence, No. St. Ward
(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 FM 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas Hays

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9-1895

7. AGE YEARS 37 MONTHS 8 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Monteau Co. 1

MOTHER FATHER 13. NAME William Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Monteau Co. 8

15. MAIDEN NAME Louise Quinn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co.

17. INFORMANT (ADDRESS) Chas Hays
Latham, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACES Highland Cem DATE Nov. 26 1932

19. UNDERTAKER (ADDRESS) W. F. Tidwell
Veradell, Mo.

20. FILED Nov 25 1932 G. S. Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1932 to Nov 24 1932

I last saw her alive on Nov 11 1932 Death is said to have occurred on the date stated above, at 5 P. m.

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

Cancer of Throat Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes 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) G. S. Wilson, M. D.
(Address)

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