

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

Do not use this space.

37838

**1. PLACE OF DEATH**

County Moniteau  
Township Walker  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 571  
Primary Registration District No. 5769

File No. \_\_\_\_\_  
Registered No. 62  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rayna Lee 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
3 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(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) Mo

10. NAME OF FATHER Amey B Hays

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Mrs. Hays

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT S. B. Hays  
(Address) Lebanon Mo

15. FILE NO. No. 4 1929 REGISTRAR Jas. W. Roth

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1929

17. I HEREBY CERTIFY That I attended deceased from Sept 15, 1929 to Nov 2, 1929, that I last saw him alive on Nov 2, 1929, and that death occurred, on the date stated above, at 10:30 P.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Marasmus  
Impacted bowels  
CONTRIBUTORY (SECONDARY) life  
(duration) life yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Edgar A. Tuttle, M. D.

Al - 4, 1929 (Address) California Mo.

\*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 DATE OF BURIAL

Lebanon Cemetery Nov 4 1929

20. UNDERTAKER ADDRESS

W. W. Hays & Son Lebanon

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.

1929  
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