

Do not write

8 3598

In this space

1. PLACE OF DEATH: County Butler
 Township _____ Registered No. 87
 or
 City Lawrence No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Mrs. M. Hayman
 (a) Residence. No. PFB #1 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.
 (If nonresident, give city or town and state.)

Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? _____
 If so, state Organization _____ Rank _____ Period of service _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced
 HUSBAND of Herbert C. Hayman
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Feb. 23 1870

7. AGE Years 54 Months 5 Days _____ If LESS than 1 day, _____ hrs. or _____ min.

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. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1934, to July 23, 1934
 I last saw her alive on July 23, 1934, death is said to have occurred on the date stated above at 8:30 pm.

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

Carcinoma of Breast
General Carcinomatosis
Fracture of Femur
(Pathologic)

Date of onset 1931 (?)
1934
June 1934

Contributory causes of importance not related to principal cause:

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/24, 1934

Where did injury occur? at her home
 (Specify city or town, county, and state)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Slipped + fell

Nature of injury fracture left femur

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) R. J. Metcalf M. D.

(Address) El Dorado Kan.

12. BIRTHPLACE (city or town) Townsend
 (State or country) Kansas

13. NAME John West

14. BIRTHPLACE (city or town) Uniontown
 (State or country) Illinois

15. MAIDEN NAME Esther Wilson

16. BIRTHPLACE (city or town) Uniontown
 (State or country) Illinois

17. INFORMANT A. C. Hayman
 (Address) Lawrence, Mo. Rt. 1

18. BURIAL, CREMATION, OR REMOVAL
 Place Lawrence, Kan. Date July 25, 1934

19. UNDERTAKER Alvin W. Arnold
 (Address) 414 Alden St. Lawrence, Kan.

20. FILED 7-25-1934 W. J. Whitfield
 Registrar.