

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

Do not use this space.

28189

**1. PLACE OF BIRTH**

County Platte  
Township Fair  
City          (No.         )

Registration District No. 696  
Primary Registration District No. 3925

File No.           
Registered No. 24  
St.          Ward         

**2. FULL NAME**

Moses Baydston  
(a) Residence No.          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)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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         

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7th 1929

7. AGE YEARS 99 MONTHS 1 DAYS 1 IF LESS than 1 day,          hrs.          or          min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer)           
(c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) Cock Co.  
(STATE OR COUNTRY) Tennessee

PARENTS

10. NAME OF FATHER William Baydston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cock Co.  
(STATE OR COUNTRY) Tennessee

12. MAIDEN NAME OF MOTHER Dianna Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cock Co.  
(STATE OR COUNTRY) Tennessee

14. INFORMANT Henry Baydston  
(Address) Camden Point Mo.

15. FILED 9-20-28 Mary B. Knight  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        , that I last saw h.          alive on         , 19        , and that death occurred, on the date stated above, at 6 a. m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Senility

CONTRIBUTORY (SECONDARY)           
(duration)          yrs.          mos.          da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH?         

DID AN OPERATION PRECEDE DEATH? No DATE OF         

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none made  
(Signed) Jos M. Hale M. D.

Aug 9, 1928 (Address) Camden, 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

Camden Point Aug 9th - 1928

20. UNDERTAKER ADDRESS

Lucian Davis Dearborn Mo

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.

