

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

Do not use this space.

34589

1. PLACE OF DEATH

County Madison
Township Wentworth
City Pickering (No.)

Registration District No. 627
Primary Registration District No. 4377

File No.
Registered No.
St. Ward)

2. FULL NAME

Rocilla Bays

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1 19 29

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Bays

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1925 to Oct 1 1929 that I last saw her alive on Sept 30th 1929, and that death occurred, on the date stated above, at 4: a m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26, 1851

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 7 6

Carcinoma of Colon
130 (duration) 1 yrs. 2 mos. ds.

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) Nephritis (Acute)
(duration) yrs. mos. 8 ds.

9. BIRTHPLACE (CITY OR TOWN) Green County
(STATE OR COUNTRY) Indiana

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

10. NAME OF FATHER Fred Burch

DID AN OPERATION PRECEDE DEATH? DATE OF

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptoms & Laboratory
(Signed) C. V. Martin, M. D.

12. MAIDEN NAME OF MOTHER Margaret Carmichael

, 19 (Address) Maryville Mo.

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

*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.

14. INFORMANT John L. Bays
(Address) Pickering, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Workman Chapel Cemetery DATE OF BURIAL Oct 11 19 29

15. FILED Nov 6 1929 Mrs. Williams REGISTRAR

20. UNDERTAKER Price, Burial Co. ADDRESS Maryville Mo.

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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M.E.C.

Removal - enclosed
Permit for
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