

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

Do not use this space.

41066

**1. PLACE OF DEATH**

County Jasper  
Township Jasper  
City Jasper (No. ....)

Registration District No. 410  
Primary Registration District No. 4243

File No. ....  
Registered No. 22  
St. .... Ward

**2. FULL NAME**

Dora May Bayne

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Homer Bayne

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
44 0 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housekeeping  
(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) Indiana

**10. NAME OF FATHER**

E. Burns

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) New York

**12. MAIDEN NAME OF MOTHER**

Clara Harmon

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ind.

**14.**

INFORMANT Homer Bayne  
(Address) Jasper Mo

**15.**

FILED 12-20 1929 D.A. Holmes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 2 1929, to Dec 7 1929, 1929 that I last saw him alive on Dec 7 1929, and that death occurred, on the date stated above, at 11 a.m.

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

Septic Sore Throat  
192A  
115A

CONTRIBUTORY Vascular disease heart  
(SECONDARY)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....  
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
WAS THERE AN AUTOPSY? .....  
WHAT TEST CONFIRMED DIAGNOSIS? .....  
(Signed) V.H. Hendricks, M.D.  
19 (Address)

\*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**

Jasper Masonic Cem Dec 4 1929

**20. UNDERTAKER**

**ADDRESS**

Tetter Bros Jasper Mo

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.

JAN 20 1930

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