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

Do not use this space.

25633

File No.

Registered No.

1. PLACE OF DEATH
County Stone
Township Lincoln
City (No. , St. Ward)
Registration District No. 842
Primary Registration District No. 6259

2. FULL NAME Harriett Jane Bayley
(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.

AUG 26 1930

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 required.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1879

7. AGE — Years: 50 | Months: 9 | Days: 29 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(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) Eng

PARENTS
10. NAME OF FATHER John Liddy
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Nandy Barnes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Eng

14. INFORMANT Ben Bayley
(Address) Galena Mo

15. FILED 7-28-1930 Mrs Ethel Doggett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-5-30

17. I HEREBY CERTIFY, That I attended deceased from July 1 1930, to July 5 1930, that I last saw her alive on July 4 1930, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS;
Bronchio-Pneumonia
107A

CONTRIBUTORY (SECONDARY) 100A (duration) yrs. mos. 6 ds.
(duration) yrs. mos. ds.

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? Clinical

(Signed) H. L. Kerr, M. D.
8-6-1930 (Address) Crane

*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 Marshall — DATE OF BURIAL 7-6-30
20. UNDERTAKER H E Kelton — ADDRESS Crane Mo

Ken