

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.

DEC 22 1930

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

Do not use this space.

36560

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Sakema Primary Registration District No. 2002
 City Joplin (No. _____) St. _____ (Ward) _____

2. FULL NAME Milton F. Bayless
 (a) Residence No. 1930 Delaware St. Ward. 4
 (Usual place of abode)
 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.

File No. _____
 Registered No. 575

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 Eda Bayless

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 22

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

PARENTS

10. NAME OF FATHER Bayless
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 12. MAIDEN NAME OF MOTHER no record
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1930, to Nov 27, 1930, that I last saw him alive on Nov 27, 1930 and that death occurred, on the date stated above, at 3 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
 (duration) yrs. mos. ds.
 CONTRIBUTORY uremia
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. J. Phillips M. D.
2-1-1930 (Address) Joplin 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 Fairview Cem. DATE OF BURIAL 11-29 1930
 20. UNDERTAKER Buried Under Co ADDRESS Joplin Mo

14. INFORMANT Ernest Bayless
 (Address) Joplin Mo

15. FILED 11-29 1930 E. Benson REGISTRAR

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