

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

Do not use this space.

2367

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No.) St. Ward

File No.
Registered No. 3

2. FULL NAME

Mary Jennette Baty
(a) Residence. No. 1432 E. Broadway 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

3. SEX Female 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 Mary C Baty
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19, 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 7 13

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) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pettis County
(STATE OR COUNTRY) Mo

10. NAME OF FATHER William Francis Owen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pettis
(STATE OR COUNTRY) County Mo

12. MAIDEN NAME OF MOTHER Mary Elizabeth Baty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Paris
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mary E Baty
(Address) Sedalia Mo.

15. FILED 15 1931 J. J. Lora REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/2 1931
17. I HEREBY CERTIFY, That I attended deceased from 6/1 1930, to 1/2 1931
that I last saw h. m. alive on 12/26 1930, and that death occurred, on the date stated above, at 10:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of stomach
HCB
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (Signature)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (Signature)
IF NOT AT PLACE OF DEATH? exploratory
DID AN OPERATION PRECEDE DEATH? exploratory DATE OF

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sedalia DATE OF BURIAL 1/5 1930

20. UNDERTAKER Mrs. Josephine Bro. Sedalia
*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.

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.

FFB 100

PARENTS

