

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.

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

Do not use this space.

27571

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph, Mo. (No. Dr. St. Louis Hospital)

File No. \_\_\_\_\_  
Registered No. 879  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Elizabeth Bayland  
(a) Residence, No. 1102 1/2 South 10th 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 27 1902</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>9</u>	DAYS <u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. _____	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) _____	
		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Kansas

13. NAME W. M. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Kansas

15. MAIDEN NAME Alice Edge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County, Missouri

17. INFORMANT (ADDRESS) Mrs. Alice Bayland, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE August 24, 1931

19. UNDERTAKER (ADDRESS) Freeman Funeral Home, St. Joseph, Mo.

20. FILED 8-24 1931 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 22, 1931

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1931, to Aug 22, 1931  
I last saw her alive on Aug 22, 1931. Death is said to have occurred on the date stated above, at 1:40 P. m.  
The principal cause of death and related causes of importance were as follows:

Bowel obstruction Date of onset Aug 15  
172B / 221B  
Other contributory causes of importance:  
Adhesions' cause unknown, has had trouble for over three years.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis Gen. Symp. Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) D. Randolph Pennicks, M. D.  
(Address) 222 Poyan Bldg.

