

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

Do not use this space.

1. PLACE OF DEATH

County Dent
Township Sinkin
City _____ (No. _____, St. _____, Ward _____)

Registration District No. 954
Primary Registration District No. 3368

File No. _____
Registered No. _____

2. FULL NAME

Mary Rebecca Bay

(a) Residence, No. _____ St. _____ Ward _____
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W Bay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10-1884
7. AGE YEARS 47 MONTHS 8 DAYS 5 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis Co (STATE OR COUNTRY) MO

13. NAME James Byerly

14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY) _____

15. MAIDEN NAME Elizabeth Creamer

16. BIRTHPLACE (CITY OR TOWN) St. Louis Co (STATE OR COUNTRY) MO

17. INFORMANT John W Bay (ADDRESS) Bunker, O

18. BURIAL, CREMATION, OR REMOVAL PLACE Bay Cem DATE Dec 17 1931

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem, O

20. FILED 6/13 1932 W. E. Rudol. H. M. D. Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11 1931 to Dec. 16 1931

I last saw h. W alive on Dec. 15 1931 Death is said

to have occurred on the date stated above, at 11:00 A M

The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic Date of onset 1920

Other contributory causes of importance: Typhoid Fever 12/6/31

Name of operation _____ Date of _____

What test confirmed diagnosis? Lab. Findings 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) W. E. Rudol. M. D.

(Address) Salem, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is required.

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W. D. - Every item of in-
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should be stated
if not. Ex-
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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County West
Township Lincoln
City St. Louis (No. 1)

Registration District No. 954
Primary Registration District No. 3-368

File No. _____
Registered No. 31
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10-1884

7. AGE YEARS 47 MONTHS 8 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME James Byrle

14. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Elizabeth Creamer

16. BIRTHPLACE (CITY OR TOWN) St. Louis Co. (STATE OR COUNTRY) Mo.

17. INFORMANT John Bay (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL Bay Cam PLACE St. Louis DATE Dec 17 1931

19. UNDERTAKER Care & Spencer (ADDRESS) Salem

20. FEE July 4 1932 J. G. Gordon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1931

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Name of operation Lab. findings Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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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) W. E. Budd, M. D.

(Address) Salem Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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 also important.

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