

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.

3415

PLACE OF DEATH

County Shannon
Township Commerce
City Commerce, Mo. (No.)

Registration District No. 824
Primary Registration District No. 6076

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Commerce, Mo. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 37 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 <u>Male</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. Adaline Bay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 21, 1857</u>		
7. AGE <u>80</u>	YEARS <u>—</u>	MONTHS <u>9</u>
		DAYS <u>13</u>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 23, 1931</u>	
		11. Total time (years) spent in this occupation <u>70</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co. Mo.

13. NAME Ning Bay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co. Mo.

15. MAIDEN NAME Nancy Johns

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

17. INFORMANT Family of deceased
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Commerce DATE Jan. 6, 1932

19. UNDERTAKER T. R. Burns
(ADDRESS) without Springs, Mo.

20. FILED 1-7- 1932 Franklin Co. Mo.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to Jan 4, 1932.
I last saw him alive on Jan 4, 1932. Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:
Cardiac Dilation
Date of onset 4-1931

Other contributory causes of importance:
95B 95B

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 ①

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. S. Eudy, M. D.
(Address) Commerce, Mo.

