

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

Do not use this space.

16862

1. PLACE OF DEATH
 70 County Montgomery Registration District No. 589
 Township Beaf Creek Primary Registration District No. 57972
 City Jonesburg, mo (No. _____ St. _____ Ward _____)

2. FULL NAME Martha M. Bayers
 (a) Residence, No. Jonesburg, mo, 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. 34 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) widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Bayers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1850

7. AGE YEARS 82 MONTHS _____ DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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 all day

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

13. NAME Burrill Lane

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Violet Gibson
 (ADDRESS) Jonesburg, mo

18. BURIAL, CREMATION, OR REMOVAL Local Burial DATE May 30, 1932

19. UNDERTAKER H. H. H. Co
 (ADDRESS) 1204 E. Main St. Jonesburg, mo

20. FILED May 27, 1932 E. A. Paul
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1932, to May 27, 1932
 I last saw her alive on May 26, 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.
 The principal cause of death and related causes of importance were as follows:

1. Acute Myocarditis
 2. Bronchial pneumonia
 3. Abscess Rt. Lung

Other contributory causes of importance:
Chronic Bronchitis

Date of onset:
5/3/32
2/6/32
5/8/32

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? no
 If so, specify _____
 (Signed) James O. Helm, M. D.
 (Address) New Florence, mo

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.

JUN 23 1932

WRITE PLAINLY, WITH UNFADING INK

