

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

Do not use this space.

22673

1. PLACE OF DEATH

47 County West Iron Registration District No. 393
Township West 35 Primary Registration District No. 5548
City Valmuth (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Robert Bays

(a) Residence, No. _____ 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 male 4. COLOR OR RACE hwite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1844
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 7 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Fourcherenault Mo

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 31

15. MAIDEN NAME _____

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

17. INFORMANT J W Bays (ADDRESS) Newton Kans

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE 7/14 1932

19. UNDERTAKER Carl K Spencer (ADDRESS) Palem Mo

20. FILED Aug 8 1932 Belle P. P. P. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23 1932

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1932, to July 2nd 1932
I last saw him alive on July 2nd 1932 Death is said to have occurred on the date stated above, at 9.00 A M
The principal cause of death and related causes of importance were as follows:

132A
Hepatitis, Nephritis
8.2.32
Other contributory causes of importance
hypertension of left side 4 years ago.

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____ (Signed) J. H. Houston M. D.

(Address) Belle P. P.

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. AUG 24 1932

