

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis County Hospital Registration District No. 790
 Township Central Primary Registration District No. 6033
 City Clayton Mo. (No. St. Louis County Hosp. St. _____ Ward)

File No. 17720

2. FULL NAME

Baby Bays
 (a) Residence, No. 106 1/2 Yew Avenue Ramona Park Ward. Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 1 hour How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Premature Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21st 1933
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
 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 County Hospital (STATE OR COUNTRY) Clayton Mo.

FATHER 13. NAME Franklin Bays

14. BIRTHPLACE (CITY OR TOWN) Caro (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Ila Nicely

16. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Ky.

17. INFORMANT Mother (Mrs Bays) (ADDRESS) 106 1/2 Yew Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Bur DATE June 10 1933

19. UNDERTAKER Croghan Und. Co. inc (ADDRESS) 7146 Manchester Ave

20. FILED June 10 1933 R.W. Pullman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1933, to May 21, 1933
 I last saw him alive on May 21, 1933 Death is said to have occurred on the date stated above at 7:30 P.M. (7:30)
 The principal cause of death and related causes of importance were as follows:

Premature
159 (5 months)
 Other contributory causes of importance: 159
 Name of operation none 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J.H. Rogers M. D.
 (Address) St. Louis County Hosp Clayton, 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 1933

