

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH OCT 2 1934

County Miller
Township Saline
City Olean (No. _____)

Registration District No. 561
Primary Registration District No. 4322

File No. 33436
Registered No. 65
St. _____ Ward _____

2. FULL NAME Daniel D. Baysinger

(a) Residence, No. Olean, 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elsie Baysinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6th, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7-54 7 12

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) Russellville,
(STATE OR COUNTRY) Missouri

13. NAME Robert R. Baysinger

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

15. MAIDEN NAME Charity Duncan

16. BIRTHPLACE (CITY OR TOWN) No Record
(STATE OR COUNTRY)

17. INFORMANT Mrs. Everett Kingery
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Garden DATE Sept. 20th, 1934

19. UNDERTAKER G.N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED 9-19 34 Belle Haynes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/17 to 9/18

I last saw him alive on 9-17, 1934. Death is said to have occurred on the date stated above, at 8-45 P.M.
The principal cause of death and related causes of importance were as follows:

Gastric Ulcer
117 a 2
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Clueval as 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) H. D. Walker, M. D.
(Address) Edwards Mo.

OCT 2 - 1934

