

OCT 18 1934

Bismarck, Mo.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33755

1. PLACE OF DEATH

County PlatteRegistration District No. 1-3-2Township WaldenPrimary Registration District No. 5-2-2City Walden (No. 1)File No. 33755Registered No. 33755St. Walden Ward 1

2. FULL NAME

(a) Residence, No. James Wm. BaylesSt. 1Ward. 1

(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)

Single

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

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

Sept-29-1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 hrs. or min.

OCCUPATION

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

at Home

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)

Platte Co. Mo.

13. NAME

Ralph Bayles

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

Platte Co. Mo.

15. MAIDEN NAME

Marie Wance

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

Platte Co. Mo.

17. INFORMANT (ADDRESS)

Ralph Bayles
Walden, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Smiths Creek

DATE

9-30-1934

19. UNDERTAKER (ADDRESS)

St. Paul
Platte City, Mo.

20. FILED

19345-2-2Walden

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept-29-1934

22. I HEREBY CERTIFY, That I attended deceased from

Sept 29 1934 to Sept 29 1934I last saw him alive on Sept 27 1934 Death is saidto have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset

Sept 29159

Other contributory causes of importance:

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

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas. F. Bronhardt(Address) Platte City 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.

