

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.

6086

MAR 21 1936

1. PLACE OF DEATH

County Jackson Registration District No. 09 File No. \_\_\_\_\_  
Township Keokuk Primary Registration District No. \_\_\_\_\_ Registered No. 903  
City Kansas City (No. K.C. General Hosp) St. \_\_\_\_\_ (Ward)

2. FULL NAME

Sidney C. Bayne  
(a) Residence, No. 2700 E. 51st 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 Jessie B.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
79 | 1 | 23 22

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

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) 1911 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K C Mo

13. NAME John Hodgson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Sidney C. Bayne

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

17. INFORMANT (ADDRESS) Dr. Lawrence B. Hudson

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE Feb 22 1936

19. UNDERTAKER (ADDRESS) W. W. Newcomer & Co

20. FILED 2-20 1936 M. M. Crue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1936 to 2-19 1936  
I last saw him alive on 2-19 1936 Death is said to have occurred on the date stated above, at 10:17 a.m.  
The principal cause of death and related causes of importance were as follows:

Empysemas

15

Other contributory causes of importance: Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
(What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes)

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) Dr. Lawrence B. Hudson M. D.  
(Address) K. C. General Hospital

