

APR 16 1936

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

Do not use this space.

9715

1. PLACE OF DEATH

County Chariton
Township Keytesville
City Keytesville (No.)

Registration District No. 171
Primary Registration District No. 4100

File No.
Registered No. 12
St. Ward

2. FULL NAME

(a) Residence, No. Belle Bayne St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Black 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) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin. abt 80

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

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) Keytesville Mo

13. NAME Charles Bayne

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

15. MAIDEN NAME Mary Ann Ferguson

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

17. INFORMANT (ADDRESS) Nancy Ray Milan

18. BURIAL, CREMATION, OR REMOVAL PLACE Keytesville Mo DATE March 9th 1936

19. UNDERTAKER (ADDRESS) Hyde & Garnett Keytesville Mo

20. FILED 3/12 19 36 Mrs. Ray Sanders Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 7, 1936

I last saw her alive on March 7, 1936 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Pulmonary Oedema

Date of onset 3-7-36

Other contributory causes of importance:

Influenza

3-3-36

Name of operation none Date of
What test confirmed diagnosis? clinical Was 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) A. H. Harrison, M. D.
(Address) Keytesville 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.

