

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.

18371

1. PLACE OF DEATH

County Washington

Registration District No. 420971

Township Kingsham

Primary Registration District No. 6181

City Star R. Blackwell

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Star R. Blackwell Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 33 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) Martha Bayer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3 - 18 86

7. AGE YEARS 80 MONTHS 1 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION 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) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Justin Bayer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mills Mo.

MOTHER 15. MAIDEN NAME Marquet Bayer

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

17. INFORMANT Clarence Bayer (ADDRESS) Star R. Blackwell

18. BURIAL, CREMATION, OR REMOVAL PLACE Tuff DATE May 1, 1936

19. UNDERTAKER (ADDRESS) Mothershead

20. FILED 4-30, 1936 May Bendigast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1936, to April 29, 1936

I last saw him alive on April 21, 1936 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Cerebral Hemorrhage
middle meningeal artery
Other contributory causes of importance:
arterio-sclerosis
Hypertension

Date of onset Feb 1, 1936

Name of operation None Date of no
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) Walter A. King, M. D.
(Address) Desat, Mo.

