

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.

JUN 23 1936

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

Do not use this space.

20026

1. PLACE OF DEATH

County Marion
Township Dry Creek
City

Registration District No. 1022
Primary Registration District No. 5732

File No. 74
Registered No. 3
St. Ward

2. FULL NAME

Mary Bayless
(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lee Sidebottom</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6/4/1877</u>		
7. AGE <u>56</u>	YEARS <u>18</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Steve Hartley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Lusie Bayless</u> <u>Lebanon, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sullivan</u> DATE <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Shaner Undertaking Co.</u> <u>St. Louis, Mo.</u>		
20. FILED <u>6-10</u> 1936 <u>J. W. Parker</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/11 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1936, to May 10, 1936
I last saw him alive on May 10, 1936 Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:
Lobular pneumonia unknown
 possibly
 prior
Other contributory causes of importance: Influenza May 2-36

Name of operation X Date of X
What test confirmed diagnosis? X Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 1936
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury X
Nature of injury X
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Donley Bates, M. D.
(Address) Brinkbottom, Mo.

