

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

O.C.  
Do not use this space.

41916

**1. PLACE OF DEATH**

County Muler  
Township \_\_\_\_\_  
City Bedou (No. \_\_\_\_\_)

Registration District No. 561  
Primary Registration District No. 4330

File No. \_\_\_\_\_  
Registered No. 85  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Carl Joseph Bayer

(a) Residence, No. \_\_\_\_\_ 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 <u>M</u>	4. COLOR OR RACE <u>W</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>Agnes Bayer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24 1884</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>6</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>P.R. Braberman</u>		
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) <u>Missouri</u>		
13. NAME <u>Joseph Bayer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Clara Purcell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Agnes Bayer</u> (ADDRESS) <u>Eldon mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bedou</u> DATE <u>Nov 2 36</u>		
19. UNDERTAKER (ADDRESS) <u>Phillips Funeral Home</u> <u>Bedou mo.</u>		
20. FILED <u>Nov 4 1936</u> <u>Belle Haynes</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1 36

22. I HEREBY CERTIFY, That I attended deceased from left 1926, to 11-1, 1936  
I last saw him alive on Aug, 1936 Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis Date of onset 1930

Other contributory causes of importance:  
Diaphragmatic Gutter 1925

Name of operation Thyroidectomy Date of 10-9-36  
What test confirmed diagnosis? Path 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E. C. Shelton, M. D.  
(Address) Eldon 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.

