

DEC 30 1936

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

Do not use this space.

42353

1. PLACE OF DEATH

County St. FrancoisRegistration District No. 773Township St. FrancoisPrimary Registration District No. 6018ANear city Farmington, Mo. (No. St. Ward)

File No.

Registered No. 2052. FULL NAME Hattie Baynes(a) Residence, No. Hayti, Mo. 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

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJ. W. Baynes

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

January 24, 1890

7. AGE

YEARS

46

MONTHS

9

DAYS

21If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hardin County, Tennessee

FATHER

13. NAME

Isaac Snow14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Alabama

MOTHER

15. MAIDEN NAME

Marrica Steward16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Tennessee17. INFORMANT
(ADDRESS)Hospital Records
Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hospital Cemetery DATE Nov. 16th, 1936
Farmington, Mo.19. UNDERTAKER
(ADDRESS)Naidert Undertaking Co.
Farmington, Mo.

20. FILED

11-15, 1936 72 J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

November 14, 193622. I HEREBY CERTIFY, That I attended deceased from
October 19, 1936, to November 14, 1936I last saw h.c.m. alive on November 14, 1936 Death is said
to have occurred on the date stated above, at 6:45 P.M.

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

① Dementia Praecox (Excited
Stage - Acute Exhaustion)
② BronchopneumoniaDate of onset
1911
Acute
Period
for 3 or 4
months
11/13/36

Other contributory causes of importance:

Arteriosclerotic Heart disease ?Name of operation None Date ofWhat 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 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) C. C. Quitt, M. D.(Address) Farmington, Mo.

