

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

Do not use this space.

AUG 24 1937
OFFICE OF DEATH

49 County Jasper Registration District No. 402
 5 Township Carthage Primary Registration District No. 3020
 7 City Carthage (No. 1135) Sophia St. _____ Ward _____
 2 FULL NAME Minerva Jane Bayless
 (a) Residence, No. 1135 Sophia St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

27455

File No. _____
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. R. Bayless
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1865
 7. AGE YEARS 72 MONTHS 0 DAYS 11 if LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Christian (STATE OR COUNTRY) Mo.
 13. NAME Beverly Wall
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 17. INFORMANT Marshall L. Bayless (ADDRESS) Carthage Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville DATE 7-18 1937
 19. UNDERTAKER Ulmer (ADDRESS) _____
 20. FILED July 18, 1937 L. B. Clinton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16 1937
 22. I HEREBY CERTIFY, That I attended deceased from July 14 1937, to July 16 1937
 I last saw h. alive on July 16 1937 Death is said to have occurred on the date stated above, at 7:10 P. m.
 The principal cause of death and related causes of importance were as follows:
Uremia July 18
Chronic Nephritis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) Lawrence E. Boyd M. D.
 (Address) Carthage Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

