

NOV 17 1937

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

37616
Do not use this space.

1. PLACE OF DEATH
 (a) County Franklin Registration District No. 297
 (b) Township..... Primary Registration District No. 3016
 (c) City Washington (d) Street No. Registered No. 81
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Harold Bay
 (a) Residence, No. St. Clair, Mo. St. St. Clair, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1937

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>✓</u>	<u>3</u>	<u>13</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as 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) St. Clair, Mo.
(STATE OR COUNTRY)

FATHER

13. NAME James Bay

14. BIRTHPLACE (CITY OR TOWN) St. Clair, Mo.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Daisy Sohn

16. BIRTHPLACE (CITY OR TOWN) St. Clair, Mo.
(STATE OR COUNTRY)

17. INFORMANT James Bay
(ADDRESS) St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Clair, Mo. DATE Oct. 21, 1937

19. FUNERAL DIRECTOR Wm. Casey & Co.
(ADDRESS) St. Clair, Mo.

20. FILED Oct. 20, 1937 H. A. May
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1937 to Oct 20, 1937
 I last saw him alive on Oct 19, 1937 Death is said to have occurred on the date stated above, at 5:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Enteritis 10-18-37 (Date of onset)
1937
 Other contributory causes of importance:
Lobar Pneumonia 10-17-37
 Name of operation - - Date of
 What test confirmed diagnosis? 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) Bernhardt, M. D.
 (Address) Washington, Mo.

CRUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)