

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Webster*
Township *West Benton*
City (No.) (No.) (Ward)

Registration District No. *901*
Primary Registration District No. *6209A*

File No. *39096*
Registered No. *18*

2. FULL NAME

Henry Alexander Baty
(a) Residence, No. *Rogersville, Mo.* St. *Mo.* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Dolly Baty*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 4, 1872*
7. AGE YEARS *65* MONTHS *5* DAYS *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*
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) *Christian Co. Mo.*

13. NAME *Argile Baty*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

15. MAIDEN NAME *Martha Sandlin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Alabama*

17. INFORMANT (ADDRESS) *Hester Baty Rogersville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *White Oak* DATE *Oct. 20 37*

19. UNDERTAKER (ADDRESS) *Kelly and Ferrell Rogersville Mo*

20. FILED *Oct 21 1937* *J. C. Bassore* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 18 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 37, 19-18* to *37*

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *9:15 am*.

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

Metrol Regeneration Date of onset *?*

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) *St. Paul* M. D.
Rogersville Mo
(Address)

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.

