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.

REC'D MAY 10 1938

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

15412
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON — Registration District No. 609
(b) Township NEOSHO — Primary Registration District No. 5808 — Registered No. 36
(c) City ..... (d) Street No. ..... St.
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MILES T. BAYNE 506
(a) Residence, No. ..... St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 13, 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	11	11	

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. FARMER
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) MISSOURI

FATHER
13. NAME G. W. BAYNE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER
15. MAIDEN NAME ------SKIDMORE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

17. INFORMANT Viola Bayne
(ADDRESS) NEOSHO, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE GIBSON CEM. DATE 3/25/38, 19

19. FUNERAL DIRECTOR THE BIGHAM MORTUARY
(ADDRESS) NEOSHO, MO.

20. FILED May 8, 1938 Omalasale
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1938, to Mar 24, 1938
I last saw him alive on Mar 20th, 1938. Death is said to have occurred on the date stated above, at 6:00 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cause of death Pneumonia

11 hr

Other contributory causes of importance:

Hernia with heavy movement
Worked by trouble functioning

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? NO
If so, specify .....
(Signed) R. A. Jameson, M. D.
(Address) Neosho Mo
543

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J A Bingham, Licensed Embalmer No. 2689

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

L. E.

No. 3634 or by , Registered Apprentice No.

working under my personal supervision.

Signed J A Bingham

Licensed Embalmer No. 2689

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