

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

6320
Do not use this space.

1. PLACE OF DEATH DATE MAR 7 - 1940

(a) County Clay Registration District No. 198
 (b) Township Fishers River ✓ Primary Registration District No. 3011
 (c) City Excelsior Springs (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME 476 Tiney Saules

(a) Residence, No. Albany Hotel South St 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 Female **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1907

7. AGE	YEARS		MONTHS	DAYS	IF LESS than day, hrs. or min.
	<u>32</u>	<u>6</u>			

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

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) _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER

13. NAME Brooks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Mentto Bedford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Mentto Robinson, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Independence, Kan. DATE Feb 18, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Claude Borchert, Excelsior Springs, Mo.

20. FILED Feb 17, 1940 Mrs. L. W. Black Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 14 Feb 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.
 Last seen alive on _____, 1940 Death is said to have occurred on the date stated above, at _____ m.
 Principal cause of death and related causes of importance were as follows:
gun shot wounds inflicted by husband Sylvester Bayles. homicide

Date of onset _____

Other contributory causes of importance: 170

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) Mrs. M. B. Brown, Coroner
Liberty, Mo. (Address) _____

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.

1 X14025

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/15/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by Walter Barker

Registered Apprentice No. 228, working under my personal supervision.

Signed Charles Trichard

Licensed Embalmer No. 2751

P. O. Address Excelsior Springs, Mo.

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

If this body is not embalmed, above space should be left blank.