

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25051

AUG 19 1940

Registration District No. 263

Primary Registration District No. 5365

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Cameron Rural Route 1
(c) Name of hospital or institution: Adams

(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution
In this community Two Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Jessie Bayles

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 18 If less than one day hr. _____ min. _____

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Enoch Bayles

13. Birthplace Don't Know (City, town, or county) (State or foreign country)

14. Maiden name Don't Know (City, town, or county) (State or foreign country)

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Guy Shelton

(b) Address Cameron Md

17. (a) Removal (b) Date thereof 7 26 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creekmore

18. (a) Signature of funeral director Mrs. Kate Shoup

(b) Address Winston Md

19. (a) Aug 1 (b) Jas Fitzgerald
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Debat
(c) City or town R.R. Cameron (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25
year 1940 hour 6 a m minute _____ M.

21. I hereby certify that I attended the deceased from July 1, 1940 to July 25, 1940
that I last saw him alive on July 18 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration 2 m 34 m

Due to _____

Due to 17 C

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 230
(Specify type of place) (e) Means of injury _____

28. Signature Fred W Wilson (M. D. or other) _____

Address Winston Md Date signed July 26 1940

RECEIVED

District Health Officer No. 111

District File Number

840-1107

Date Filed

AUG 13 1940

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 me

Registered Apprentice No.

working under my personal supervision.

Signed

Virgil V. Shamp

Licensed Embalmer No.

4074

P. O. Address

Winston

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.