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

Do not use this space.

12957

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3232

City St Louis (No. 1414 Pierce Ave St. ..... Ward)

2. FULL NAME NELLIE BAYLESS

(a) Residence. No. ..... St., 4 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: Female

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: Wife of George Bayless.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 20 1892.

7. AGE: 35. YEARS; MONTHS: xxx; DAYS: 11. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Cuba
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Alfrèd Britton.

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Cuba
(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Eliza Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cuba
(STATE OR COUNTRY): Mo.

14. INFORMANT: George Bayless
(Address). 1414 Pierce av

15. FILED APR -3 1927, 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

7

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 2 1927

17. I HEREBY CERTIFY, That I attended deceased from Mch 2, 1927, to Apr 2, 1927, that I last saw her alive on April 2, 1927, and that death occurred, on the date stated above, at 11.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131 / 129 A

92 A (duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Endo-Carditis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W Whitcomb Hall, M. D

Apr 2, 1927 (Address) 1627 Frank Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cuba Mo.

DATE OF BURIAL: April 4, 1927

20. UNDERTAKER: McLaughlin

ADDRESS: 1631 Missouri

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.

DEC 27 1956.