

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

Do not use this space.

26098

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. 1215 St. 17th Ward)
 Registered No. 17725

2. FULL NAME

Outther Baylor
 (a) Residence. No. 1215 St. 17 Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 6 mos. 28 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2 / 1927

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
6 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Baby
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Frank Baylor

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

12. MAIDEN NAME OF MOTHER Myrtle Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

14. INFORMANT Frank Baylor
 (Address) 1215 St. 17th

15. FILED AUG 31 1927 Maub Starkloff
 19..... REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 30th, 1927

17. I HEREBY CERTIFY, That I attended deceased from an August 24th, 1927, to 19 August 24th, 1927, to 19 August 24th, 1927, and that that I last saw him alive on August 24th, 1927, and that death occurred, on the date stated above, at 12.05 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute Bronchitis
106 1/2
1-28
 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) General debility
 (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

(Did an operation precede death) no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) P.M. Rothman, M.D.

8-30, 1927 (Address) 1454 Cass 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 DATE OF BURIAL

Greenwood Cemetery 9/1 1927

20. UNDERTAKER ADDRESS

Dunn Bros 215-8 Jefferson ave

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.

