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

Do not use this space.

13770-1

13770-A

JUL 23 1929

1. PLACE OF DEATH

County: Barry — Registration District No.: 29

Township: — Primary Registration District No.: 5038

City: Brecfield (No. ..., ..., St. ..., Ward)

File No.:

Registered No.: 30

2. FULL NAME: George Ernest Bayless

(a) Residence. No. ... St., ... 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	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~~: Jesse Bayless

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 24 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	60	7	20	

8. OCCUPATION OF DEECEASED

(a) Trade, profession, or particular kind of work: Mine Supt.

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

(c) Name of employer:

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

PARENTS

10. NAME OF FATHER: John A Bayless

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

12. MAIDEN NAME OF MOTHER: Rebecca Chaney

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

14. INFORMANT: Jesse Bayless
(Address): Brecfield Mo

15. FILED July 1 1929 Mrs N. R. Williams Dpt. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4 - 14 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 3 - 20 -, 1929, to 4 - 14 -, 1929 that I last saw ~~him~~ alive on 4 - 12 - 1929, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis

924

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 886

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Ferguson, M. D.

4-16-, 1929 (Address) Monett, Mo.

*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
Oak Hill	4-17 1929
20. UNDERTAKER	**ADDRESS**
Home F of F Service	Cassville Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD