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

Do not use this space.

2427

1. PLACE OF DEATH
County: St Francois
Township:
City: Farmington (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 4464

File No.
Registered No. 131

2. FULL NAME Helena Ruth Bayless

(a) Residence. No. Flat River 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. 13 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8 - 1925

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	4	24	

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

9. BIRTHPLACE (CITY OR TOWN) Flat River
(STATE OR COUNTRY) St Francois, Mo

PARENTS

10. NAME OF FATHER Allen C Bayless
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kirksville
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Cora Ella Lovan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Doe Run
(STATE OR COUNTRY) Mo.

14. INFORMANT Allen C. Bayless
(Address)

15. FILED 1-27, 1930 T J Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 1930

17. I HEREBY CERTIFY, That I attended deceased from 7 P.M. Jan 26, 1930, to 10 A.M. Jan 26, 1930, that I last saw her alive on Jan 26, 1930, and that death occurred, on the date stated above, at 10 A.M. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Intussusception
1228
Probably 1 day duration
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None Known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Not Confirmed. Autopsy
(Signed) L. M. Stanfield M.D.
1-27, 1930 (Address) Farmington 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: Doe Run Cemetery
DATE OF BURIAL: 1-28 1930

20. UNDERTAKER: W. A. Caldwell
ADDRESS: Flat River 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