

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

Do not use this space.

6210

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4012, Fairfax St. Ward)

File No. 1289
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Tillman M. Bayce St. 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clk. Post office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 189

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Mo.

13. NAME Peter Bayce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Norris Donthett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Georgiana Bayce

18. BURIAL, CREMATION, OR REMOVAL

PLACE Farmington, Mo. DATE Feb. 8th, 1932

19. UNDERTAKER Manuel Undertaking Co.

(ADDRESS) 408-9 Fairview

20. FILED FEB - 7 1932 Max E. Stankin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. - 2nd - 1932 to Feb. - 5th - 1932
I last saw him alive on Feb. - 5th - 1932 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1-2-32

23A

Other contributory causes of importance none

Name of operation none Date of
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury D

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) Carroll William Johnson M. D.

(Address) 4039a Fairview

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.

Dr. G. W. J.