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.

OCT 1 1936

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

Do not use this space.

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No. 33468
Township Union — Primary Registration District No. 6182 — Registered No.
City (No. , St. Ward)

2. FULL NAME William R Bayet
(a) Residence, No. St., 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 1856

7. AGE: YEARS 79 — MONTHS 9 — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Carter Co

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME X X
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X X

17. INFORMANT (ADDRESS) Jen Racine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Redford Mo DATE Aug 17 1936

19. UNDERTAKER (ADDRESS) Sparks

20. FILED Sept 1 1936 G. F. Cresswell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to Aug 16, 1936
I last saw him alive on June, 1936. Death is said to have occurred on the date stated above, at 1 PM.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset

93 [illegible]

Other contributory causes of importance:
Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) G. F. Cresswell, M. D.
(Address) Potosi Mo