

MAY 20 1928

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

Do not use this space.

82<sup>c</sup>

1. PLACE OF DEATH

County Barry  
Township Flateruck  
City Cassville (No. \_\_\_\_\_)

Registration District No. 29  
Primary Registration District No. 5038

File No. \_\_\_\_\_  
Registered No. 4 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Jane Bayless

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-18-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 11 6

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

9. BIRTHPLACE (CITY OR TOWN) Hudson  
(STATE OR COUNTRY) Indiana

PARENTS  
10. NAME OF FATHER Peter France  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Susan Smith  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

14. INFORMANT Mrs Henry Parrish  
(Address) Cassville Mo

15. FILED May 19 28 Mrs H.R. Williams  
REGISTRAR Ppt.

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 8 AM  
1-21-, 1928, to 1-21, 1928  
that I last saw h. he alive on 1-21-, 1928, and that death occurred, on the date stated above, at 3-0 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Valvular lesion of heart - 92A  
92A  
14  
50 (duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) arteriosclerosis  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED L  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) A. Newman M. D.  
, 19 \_\_\_\_\_ (Address) Cassville, 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 Peter mo DATE OF BURIAL 1/23 1928

20. UNDERTAKER Home Funeral Service ADDRESS 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.

