

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

Do not use this space.

36455

1. PLACE OF DEATH

County Monroe Registration District No. 5-77
Township Liberty Grove Primary Registration District No. 5-775
City Lathrop (No. _____) St. _____ Ward _____

2. FULL NAME

Chas Lee Bayne

(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 male 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 Veta Bayne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
56 5 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 236
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) Missouri

13. NAME Samuel D Bayne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 310

15. MAIDEN NAME Emma Legon

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

17. INFORMANT Sam Bayne
(ADDRESS) Lathrop Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 11-18 1932

19. UNDERTAKER William & Fredmeyer
(ADDRESS) California

20. FILED 12-8 1932 Mr Robert
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1932, to Nov 17, 1932

I last saw him alive on Nov 17, 1932 Death is said to have occurred on the date stated above, at 11:35 A.M.

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

Bronchial pneumonia
107A
132B
Uremic poisoning
Date of onset _____

Other contributory causes of importance: 107A

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. (1)

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Mr Robert, M. D.
(Address) Lathrop 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.

