

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.

AUG 19 1936

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

Do not use this space.

19038-1

1. PLACE OF DEATH

County DunklinRegistration District No. 283Township PuffaloPrimary Registration District No. 5402City Boonville (No. _____ St. _____ Ward)2. FULL NAME Mattie C. Baylett

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15, 1850</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>0</u>
	DAYS <u>24</u>	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. <u>farmer</u>	
	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) <u>Alabama</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>D. J. Baylett</u> (ADDRESS) <u>Boonville, Ark.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harmony Ark.</u> DATE <u>5-11</u> 19 <u>36</u>		
19. UNDERTAKER <u>Mitchell - Redman</u> (ADDRESS) <u>Boonville Ark.</u>		
20. FILED <u>5-15</u> 19 <u>36</u> <u>D. J. Baylett</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>5-9</u> 19 <u>36</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>2-3-36</u> 19 <u>36</u> to <u>5-9-</u> 19 <u>36</u> I last saw him alive on <u>5-9-</u> 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>11:35 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Am. Fluenza</u> <u>11/34</u> Date of onset _____
Other contributory causes of importance: _____
Name of operation <u>none</u> 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 <u>36</u> 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? <u>no</u> If so, specify _____ (Signed) <u>D. J. Baylett</u> , M. D. (Address) <u>Boonville, Ark.</u>

