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.

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Francois — Registration District No. 775
Township Bonne Terre — Primary Registration District No. 6070-A
City Bonne Terre, Mo. (No. ..... St. ..... Ward) — File No. 7952
Registered No. 27

2. FULL NAME William Asa Bayles

(a) Residence, No. Same (Usual place of abode) St. ..... Ward. (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Margaret Jane Bayles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31 - 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	86	3	22	

OCCUPATION

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

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) Penn.

FATHER

13. NAME John A. Bayles

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

MOTHER

15. MAIDEN NAME Mary Lawson

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

17. INFORMANT (ADDRESS) A. A. Bayles Bonne Terre, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bayles Cemetery DATE 2/25 1937

19. UNDERTAKER (ADDRESS) Bentham Funeral Home Bonne Terre Mo.

20. FILED Feb. 25 1937 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 23 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1937, to Feb 23, 1937

I last saw him alive on Feb 21, 1937. Death is said to have occurred on the date stated above, at 4:45 P. m.

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

	Date of onset
Septicemia, resulting from a bruised left groin caused from accidental fall on icy walk.	2/12, 1937

Other contributory causes of importance:
Age combustory causes of importance

Name of operation None Date of .....
What test confirmed diagnosis? Clinical findings Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury about 2/12, 1937
Where did injury occur? E. Bonne Terre near his home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Near his home on E. Bonne Terre Mo
Manner of injury accidental fall,
Nature of injury Skinned & bruised left arm followed by septicemia.

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

(Signed) T. A. Dan, M. D.
(Address) Bonne Terre Mo.