

## STATE OF NEW MEXICO, DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

1 PLACE OF DEATH *Grant* State *New Mex* Registered No. *02917*  
County

Township \_\_\_\_\_ or Village \_\_\_\_\_ of

City *Santa Rita* No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in hospital or institution, give its NAME instead of street and number)

2 FULL NAME *Harry Owen Bayless*(a) Residence No. *Santa Rita N.M. St. #43* Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *7* 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

~~WIFE of~~*Lala Bayless*6 DATE OF BIRTH (month, day, and year) *Sept 6<sup>th</sup> 1883*7 AGE Years Months Days If LESS than 1 day..... hrs. or..... min.  
*37* *2* *10*8 OCCUPATION OF DECEASED *Power Forman*

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

*Forman in Copper mines*

(c) Name of employer

*Ching Copper Co*9 BIRTHPLACE (city or town) *Joplin Mo*  
(State or country)10 NAME OF FATHER *George Bayless*

11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_

(State or country) *Missouri*12 MAIDEN NAME OF MOTHER *Florence Thompson*

13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_

(State or country) *Missouri*14 Informant *Lala Bayless*(Address) *#43 Santa Rita N.M*15 Filed *1-4-1921* *O. J. [Signature]* REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *Dec. 16 1920*

17

I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on *Dec 16* 19*20*and that death occurred, on the date stated above, at *10:45 a.m.*

The CAUSE OF DEATH\* was as follows:

*Laceration of head & face with penetrative and crushing injuries to skull, result of explosion - instant death*

CONTRIBUTORY

(SECONDARY)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted \_\_\_\_\_

if not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? *Inspection*(Signed) *J. M. [Signature]* M. D.19 (Address) *Santa Rita N.M.*

\*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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR DATE OF BURIAL REMOVAL *Joplin Mo* *Dec. 17 1920*

20 UNDERTAKER

ADDRESS

*J. W. Hough* *Santa Rita*