

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

Do not use this space.

32874

PLACE OF DEATH

County Butler
Township Wash Hill
City near Fiske, Mo. (No.)

Registration District No. 925
Primary Registration District No. BY 3000

File No.
Registered No. 11
St. Ward)

2. FULL NAME Sarah Baysinger

(a) Residence, No. Fiske, Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF John Baysinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Any date unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 54 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dunklin Co.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT Roy Monday - son
(Address) Fiske, Mo. R#1

15. FILED 11/21, 1927 Vincent P. Slaughter
Fiske Mo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1927

17. I HEREBY CERTIFY, That I attended deceased from 10
21, 1927, to 14, 21, 1927
(that I last saw her alive on 11/22, 1927, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Pneumonia

CONTRIBUTORY (SECONDARY) 101 W
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

8. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. P. Slaughter, M. D.

4/21, 1927 (Address) Fiske 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 DATE OF BURIAL
Valle - Fiske, Mo. Nov. 22¹⁹ 2:30

20. UNDERTAKER ADDRESS
A. W. Greene - Poplar Bluff, Mo.

THIS IS A PERMANENT RECORD

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.

with license
JAN 17 1928

