

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

Do not use this space.

10159

1. PLACE OF DEATH

County Platte
Township
City Parisville, Mo.

Registration District No. 695
Primary Registration District No. 4417

File No. 649
Registered No. 4
St. _____ Ward _____

2. FULL NAME

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
47 | 8 | 28 | _____

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Smithville, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Rev. Edwards

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

12. MAIDEN NAME OF MOTHER Mattie Marie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clayton, Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Mattie Cook
(Address) Platte City, Mo.

15. FILED 3/14 1928 J. H. Hulse
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-13 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1928, to Mar 13, 1928 that I last saw her alive on Mar 13, 1928, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

influenza

CONTRIBUTORY as above
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) S. P. Ford, M. D.

, 19 (Address) Parisville 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 Platte City Mo DATE OF BURIAL 3-15 1928

20. UNDERTAKER Harry Noland ADDRESS Parisville

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.

1928

