

24 1929

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OF DEATH

County Missouri
Township Waverly
City Waverly

Registration District No. 553
Primary Registration District No. 5746
(No. 5746)

File No. 41710
Registered No. 35

2. FULL NAME Edward Baine
(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

MEDICAL CERTIFICATE OF DEATH

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 (OR) WIFE OF Martha A.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 24

OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Madison Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Cyrenus Baine

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

12. MAIDEN NAME OF MOTHER Anna Cox

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

FORMANT Edna M. Baine
(Address) Princeton, Mo.
11/17/1929 Marj. P. Fisher
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 30 1928, to Dec 23 1928
that I last saw him alive on Dec 22 1928, and that death occurred, on the date stated above, at 12:15 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
1. Chronic interstitial nephritis with marked prostatic hypertrophy.
2. Terminal fever (no temp. for 6 days) yrs. 1 mos. 4 wks.

CONTRIBUTORY (SECONDARY) Exhaustion
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 121
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF No
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Laboratory
(Signed) A. S. Cristow, M. D.
12/23, 1928 (Address) Princeton, 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 Middleport DATE OF BURIAL Dec 29, 28

20. UNDERTAKER Noel Moss ADDRESS Princeton Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Mercer
Township Lundley
City (No.)

Registration District No. 5-5-8
Primary Registration District No. 5-7-5-2

File No.
Registered No. 2 #5-
St. Ward

2. FULL NAME

Edward Bain

(a) Residence. No. St. Ward
(Usual place of abode)
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.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha A.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29-1868

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 - 24

OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Modena
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Cyrenus Bain

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Edna M. Bain
(Address) Princeton Mo

15. FILED 2/1, 1929 6608 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23 1928

17. I HEREBY CERTIFY That I attended deceased from Nov 20 to Dec 23, 1928
that I last saw him alive on Dec 22, 1928, and that death occurred, on the date stated above, at 12:15 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

1 Chronic interstitial nephritis with marked hypertrophy - 2 Typhoid fever - Corrosion - no let up for six days - Exhaustion
(duration) yrs. mos. ds.

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? Phys - Laboratory
(Signed) A. S. Bristow, M. D.

123, 1928 (Address) Princeton 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

Middlepoint Dec 24 1928

20. UNDERTAKER Noel Moss ADDRESS Princeton Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR THIS SUPPLEMENTARY.

2001/4-5