

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

Do not use this space.

30309

1. PLACE OF DEATH

County Cass

Registration District No. 145

Township Beltone

Primary Registration District No. 40874

City Beltone (No.)

File No. 11

Registered No.

St. Ward

2. FULL NAME

Lusan Frances Baul

(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 Female 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

H.S. Baul

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

1-14-1862

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

67

7

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8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Bernard Eudeny

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

Martha Douglas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Mrs. Baul
Beltone Mo

15.

FILED

9-8-29

R M Miller
Beltone Mo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 4 1929

17.

I HEREBY CERTIFY, That I attended deceased from 9-2, 1929, to 9-4, 1929, that I last saw him alive on 9-4, 1929, and that death occurred, on the date stated above, at 10.30 P. m.

18. THE CAUSE OF DEATH WAS AS FOLLOWS:

Fracture of skull accepted
region, fell into a
cellar, striking head on
concrete floor.

CONTRIBUTORY

(SECONDARY)

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)

R M Miller

M. D.

9-4, 1929 (Address) Beltone 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

Beltone Mo

9-7 1929

20. UNDERTAKER

ADDRESS

E. H. George Jones

Beltone

WRITE PLAINLY, WITH UNFADING INK--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.

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