

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

Do not use this space.

80624  
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**1. PLACE OF DEATH**

County Christian  
Township So. Galloway  
City Spokane (No. \_\_\_\_\_)

Registration District No. 184  
Primary Registration District No. 6270

File No. \_\_\_\_\_  
Registered No. 75  
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 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 widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug. 24 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>82</u>	<u>6</u>	<u>27</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Wa  
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. Baisden

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

12. MAIDEN NAME OF MOTHER Eliza Clark

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

14. INFORMANT Ed Dunkle  
(Address) Spokane mo.

15. FILED Apr 20 1930 Loretta Leonard  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1930, to March 20, 1930 that I last saw her alive on March 15, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

arteriosclerosis

97 715  
(duration) yrs. 2 mos. ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. yes

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? med  
(Signed) Jayarr, M. D.

Address Spokane 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**

Force Nelson

DATE OF BURIAL Mar 21 1930

**20. UNDERTAKER**

T. B. Chaffin

ADDRESS Ozark 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.

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