

9153

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

APR 30 1930

1. PLACE OF DEATH

County Jasper
Township Joplin Mo.
City Joplin Mo. (No. _____) (State _____) (Ward _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. 122

2. FULL NAME

Mrs. Mary Catherine Baumister

(a) Residence. No. 57 1/2 1st St. Joplin Mo. 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 Female 4. COLOR OR RACE W. H. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Baumister

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
70 6 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Keosauqua County Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Chris C. Baumister

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

12. MAIDEN NAME OF MOTHER Caroline Milligan

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

14. INFORMANT Mrs. Minnie Sulpherson
(Address) Orsawatomie

15. FILED 2-19-1930 A. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 17 1930
17. 2

I HEREBY CERTIFY, That I attended deceased from March 14, 1930, to March 17, 1930, that I last saw her alive on March 17, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute nephritis
132A
130

CONTRIBUTORY (SECONDARY) Bright's Disease

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) H. E. Cray, M. D.

3-19-1930 (Address) Joplin 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 Harview Cem DATE OF BURIAL Mar. 19 1930

20. UNDERTAKER Frank - Joplin Mo ADDRESS _____

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.

