

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.

SEP 25 1931

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29186

File No. 10
Registered No. 1046
St. _____ Ward _____

1. PLACE OF DEATH

County Repley
Township Dougherty
City Douglas (No. _____)

Registration District No. 750
Primary Registration District No. 5985

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Antonine Baranski</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-18-1887</u>		
7. AGE <u>43</u>	YEARS <u>8</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self</u>		
10. Date deceased last worked at this occupation (month and year) _____		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
13. NAME <u>Thomas Baranski</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>		
17. INFORMANT <u>Antonine Baranski</u> (ADDRESS) <u>Douglas Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La Crosse, Iowa</u> , DATE <u>8-7-31</u> , 19 <u>31</u>		
19. UNDERTAKER <u>R. E. Jordan</u> (ADDRESS) <u>Douglas Mo.</u>		
20. FILED <u>8/7</u> , 19 <u>31</u> <u>E. Johnston</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5- 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 3 1931 to Aug 5 1931
I last saw him alive on Aug 4 1931. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Struck in abdomen by saddle horn riding a horse.
2:12 M
12.9
Other contributory causes of importance:
Peritonitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident, Date of injury Aug. 3, 1931
Where did injury occur? Douglas Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
on highway
Manner of injury horse slipped & stumbled
Nature of injury abdominal viscera injured

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) R. E. Jordan, M. D.
(Address) Douglas Mo.

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