

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

33623

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township St. Joseph Primary Registration District No. 1601  
 City St. Joseph (No. State Hospital for Insane # 2) St.      Ward     

2. FULL NAME Kate Baulett  
 (a) Residence No. State Hosp # 2 St.      Ward      (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 2 yrs. 1 mos. 24 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 1869

|        |           |           |          |                                  |
|--------|-----------|-----------|----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS    | DAYS     | If LESS than 1 day, hrs. or min. |
|        | <u>61</u> | <u>11</u> | <u>6</u> |                                  |

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)       
 (c) Name of employer     

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

10. NAME OF FATHER James Baulett

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

12. MAIDEN NAME OF MOTHER Nellie O'Brien

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

14. INFORMANT State Hosp Records # 2  
 (Address) St Joseph Mo

15. Oct 6 1931 John R. Bender's  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4 1931

17. I HEREBY CERTIFY, That I attended deceased from July 12, 1931, to Oct 4, 1931, that I last saw her alive on Oct 4, 1931, and that death occurred, on the date stated above, at 11:45 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis  
 (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes, Arteriosclerosis  
     (duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1248  
 IF NOT AT PLACE OF DEATH     

DID AN OPERATION PRECEDE DEATH? no DATE OF     

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical  
 (Signed) Clayton Smith, M. D.  
Oct 4, 1931 (Address) State Hospital # 2 St Joseph 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 State Hospital for Insane # 2 DATE OF BURIAL Oct. 6 1931

20. UNDERTAKER Heaton Beale & Bowman ADDRESS 319 S. 10th

Funeral Home

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.

NOV 29 1931

