

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

Do not use this space.

9206

**1. PLACE OF DEATH**

County Madison  
Township \_\_\_\_\_  
City Fredericktown (No. \_\_\_\_\_)

Registration District No. 698  
Primary Registration District No. 2029

File No. 19  
Registered No. 698  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Hiram Scott Baren

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Cape Girardeau Co. Mo.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Marion Baren

18. BURIAL, CREMATION, OR REMOVAL PLACE M.E. Cemetery, Fredericktown DATE 3/16 1932

19. UNDERTAKER (ADDRESS) Ed. Heltz  
Fredericktown Mo.

20. FILED 31 1932 W.D. Paul Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 14 1932 to Mar. 15 1932  
I last saw him alive on Mar. 14 1932 Death is said to have occurred on the date stated above, at 10-10 a.m.  
The principal cause of death and related causes of importance were as follows:

Flu  
11B  
162 11B  
Other contributory causes of importance:  
Senile decay

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? \_\_\_\_\_ Date of injury 2 1932  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) M. B. Baren, M. D.  
(Address) Fredericktown

APR 28 1932

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.

