

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

Do not use this space.

10968

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis (No. City Hospital)

File No.....

Registered No. **3046**

St. _____ Ward)

2. FULL NAME Hattie Bakerbower

(a) Residence, No. #4146 Delmar St., 4 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Phu J. Bakerbower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 25 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 935

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) Huntsville, Illinois

13. NAME Bob Golden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Annanda Clayton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy, Illinois

17. HOSPITAL INFORMATION (ADDRESS) Hospital Information, 1344 Olive Street, City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE 3-28-1932

19. UNDERTAKER (ADDRESS) P. R. Repton + Sons, #4146 Delmar Street

20. FILED MAR 29 1932 Max C. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7th 1932 to Mar. 26th 1932

I last saw her alive on Mar. 26th 1932 Death is said to have occurred on the date stated above, at 12.30 a.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
59

Other contributory causes of importance:

Name of operation Rab. Date of 1/6
What test confirmed diagnosis? Rab. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? (D) Date of injury..... 19.....

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) Francis J. Huron, M. D.
(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V.S. NO. 2

Bakerbower

