

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.

JUN 21 1932

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

Do not use this space.

15363

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. 609 North 11 street)

File No.
Registered No. 488
St. Ward)

2. FULL NAME Anna Hamilton Baubie

(a) Residence, No. 609 North 11 street St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1832

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
99 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. None
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) St. Louis (STATE OR COUNTRY) Missouri

MOTHER / FATHER 13. NAME James Hamilton

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

15. MAIDEN NAME Anna Claig

16. BIRTHPLACE (CITY OR TOWN) Lisbon (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Anna Paddock (ADDRESS) 609 No. 11 street St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery PLACE St. Joseph Mo. DATE May 17, 1932

19. UNDERTAKER H. C. Gudenkaeden (ADDRESS) 1802 Union st. St. Joseph Mo.

20. FILE MAY 18 1932 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from April 30, 1932 to May 13, 1932
I last saw him alive on May 13, 1932. Death is said to have occurred on the date stated above, at 4:40 P. M.

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

Broncho-pneumonia
Shock
Other contributory causes of importance:
Prostate simple rd femur
Debility
Shock

Name of operation None Date of.....
What test confirmed diagnosis? clin. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 5-30, 1932
Where did injury occur? at fresh mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell on floor
Nature of injury Prostate simple rd femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) Frank H. Vandiver, M. D.
(Address) Sanpatrice Bldg

