

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

Do not use this space.

25639

1. PLACE OF DEATH

19 County Cass Registration District No. 145
 2 Township Wentzland Primary Registration District No. 4082
 3 City Belton (No. _____) St. _____ Ward _____

File No. 11

Registered No. _____

2. FULL NAME

(a) Residence, No. Belton Mo 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 1897

7. AGE YEARS 35 MONTHS 7 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Missouri

13. NAME James G. Gaudon

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

15. MAIDEN NAME Lucy Barnett

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

17. INFORMANT Flora Beatt
(ADDRESS) 422 South Denver St. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Belton Mo DATE Aug. 29, 1932

19. UNDERTAKER E. K. George & Sons
(ADDRESS) Belton Mo

20. FILED 8-29 1932 R M Miller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18, 1932, to 8-28, 1932

I last saw him alive on Aug 28, 1932. Death is said

to have occurred on the date stated above, at 10 P. m.

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

Septicemia following the extraction of some infected teeth.

Date of onset

Other contributory causes of importance:

1150 / 194 (C) 30 (D)

Name of operation none Date of _____

What test confirmed diagnosis? Chin + P 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 _____, 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? No

If so, specify _____

(Signed) R M Miller, M. D.

(Address) Belton Mo

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 2 1932

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