

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

Do not use this space.

38050

1. PLACE OF DEATH

102 County Shelby
Township Jackson
City Jackson (No.)

Registration District No. 825
Primary Registration District No. 6040

File No.
Registered No.
St. Ward

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 5 9 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shelby Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John McKethan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) va
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Wilson

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

14. INFORMANT Chas. Baker
(Address) Shelbyville, Mo

15. FILED Nov 2nd 1932 D. C. T. Whit
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 1 - 1932

I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Nov 1 1932
that I last saw her alive on Nov 1 1932 and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Interception of bowels?
17 y 3 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 1922 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? va

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical symptoms
(Signed) M. D. Leggett M. D.
, 19 (Address) Shelbyville, 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 DATE OF BURIAL

Bethany Cemetery Nov. 3 - 1932

20. UNDERTAKER ADDRESS
J. W. Thompson Son Shelbyville

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.

JAN 5 1933

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