Monroe

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

Do not use this space.

34038

1. PLACE OF DEATH

80 County Pettis — Registration District No. 668 — File No. 254

4 Township — Primary Registration District No. 3032 — Registered No. 668

8 City Sedalia (No. R7D #7 St. Ward)

2. FULL NAME Mary Waller Baumgarten

(a) Residence, No. R7D #7 St., Ward (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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 J. E. Baumgarten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12 1870

7. AGE: YEARS 63 — MONTHS 1 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

FATHER

13. NAME Robt Parrish

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

MOTHER

15. MAIDEN NAME Mary Wallers

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

17. INFORMANT J. E. Baumgarten
(ADDRESS) Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bunceton Mo DATE 10/17/33

19. UNDERTAKER Gillespie Funl Home
(ADDRESS) Sedalia Mo

20. FILED Oct 17 1933 Jean Stack Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1929, to Oct 15, 1933

I last saw her alive on Oct 15, 1933 Death is said to have occurred on the date stated above, at 4 m.

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

	Date of onset
11A Pedema Lungs	
11B	

Other contributory causes of importance:

Pernicious Anaemia

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) Alfred E. Monroe, M. D.

(Address) 111 W 4 Sedalia Mo

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.

NOV 10 1933

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