

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

Do not use this space.

38914

1. PLACE OF DEATH

County Vernon
Township _____
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. 4076
Registered No. 248
St. _____ Ward _____

2. FULL NAME

Abraham Viola Baltor
(a) Residence, No. 725 N. Adams St., Ward 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife Marvin Baltor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1882
7. AGE YEARS 51 MONTHS 11 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Nevada (STATE OR COUNTRY) Mo.

13. NAME J. D. Ellis

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

15. MAIDEN NAME Mary Jane Deane

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

17. INFORMANT Marvin Baltor (ADDRESS) Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Newton DATE Nov. 7, 1933

19. UNDERTAKER Ferry Funeral Home (ADDRESS) 224 N. Washington

20. FILED 11-24, 1933 C. O. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1933

22. I, HEREBY CERTIFY, That I attended deceased from Nov 3, 1933, to Nov 4, 1933
I last saw h. or a. alive on Nov 4, 1933. Death is said to have occurred on the date stated above, at 4 A.M.

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

Caused by Gas Epithelium from 181 G. Gas stove
Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Y

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) J. M. Yates, M. D.
(Address) Nevada 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.

