

APR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Marion
City Baldwin

Registration District No. 761
Primary Registration District No. 5920

File No. 6099
Registered No. 13

2. FULL NAME

(a) Residence, No. Orlwas St. Baldwin 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. MARRIED, WIDOWED, OR DIVORCED HUSBAND OR WIFE OF John S. Juma
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1870
7. AGE YEARS 63 MONTHS 1 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Cameron County Missouri

13. NAME John Ederson

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

15. MAIDEN NAME Texas Ederson

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

17. INFORMANT Marcel Juma (ADDRESS) Baldwin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb. 5, 1934

19. UNDERTAKER White & Ewing (ADDRESS) Baldwin Mo

20. FILED Feb 8 - 1934 Registrar J. P. Roberts

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-1, 1934 to 2-4, 1934

I last saw him alive on 2-4, 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Tuberculosis
Pulmonary
Intestinal
Other contributory causes of importance: 73

Name of operation Date of
What test confirmed diagnosis? 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) Boyle McCreary, M. D.
(Address) Baldwin 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.

