

APR 25 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space

1. PLACE OF DEATH

County Henry
 Township
 City Albany (No.)

Registration District No. 309Primary Registration District No. 1485File No. 8526Registered No. 18

St. Ward)

2. FULL NAME

(a) Residence, No. 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

Male

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

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

Sept 21 - 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69425

OCCUPATION

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

farm hand

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)

Albany Mo.

13. NAME

Ruben Baldock

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

Albany Mo.

15. MAIDEN NAME

Martha Bullock

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

Albany Mo.

17. INFORMANT (ADDRESS)

Mrs. Elvira Right

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grandview DATE March 20, 1934

19. UNDERTAKER (ADDRESS)

A. J. Bane

20. FILED

Mar 21, 34

Registrar

2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from

March 12, 1934, to March 19, 1934I last saw him alive on March 19, 1934. Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

acute rheumatic fever

Date of onset

3-101934

Other contributory causes of importance:

Influenza

Name of operation Date of

(What test confirmed diagnosis? Was there an autopsy? NO)

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) James N Bane, M. D.(Address) Albany Mo.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Bentley
Township Altamont
City Altamont (No. _____)

Registration District No. 2309
Primary Registration District No. 4185

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21, 1864

7. AGE YEARS MONTHS DAYS 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) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED May 2, 1934 W. G. Martin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19 _____, to _____, 19 _____.

I last saw h. _____ alive on _____, 19 _____, Death is said

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

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

Date of onset _____

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

S-8526