

1934

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

Do not use this space.

9630

1. PLACE OF DEATH

County Macou
Township Cosley
City Palmyra No. 1

Registration District No. 530
Primary Registration District No. 3708

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of James Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19-1852

7. AGE YEARS 82 MONTHS 6 DAYS 21 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.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

13. NAME M. C. Boydson

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

15. MAIDEN NAME Sallie Little

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

17. INFORMANT Lloyd Baker (ADDRESS)

18. BURIAL, CREMATION OR REMOVAL

PLACE Bell DATE Mar 14 1934

19. UNDERTAKER W. H. McCallum (ADDRESS) South Efford

20. FILED MAR 15 1934 Mrs. Lloyd Baker Registrar.

(1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1934

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1934, to March 12, 1934. I last saw her alive on March 12, 1934. Death is said to have occurred on the date stated above, at 11:00 a.m. The principal cause of death and related causes of importance were as follows:

Senility Date of onset _____

Other contributory causes of importance: 162

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) Harold D. Loh M.D.
(Address) Elmer Mos T.O.

