

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

Do not use this space.

11700

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APR 25 1934

1. PLACE OF DEATH

County Boone Registration District No. 875
Township Cent Primary Registration District No. 3039
City Nevada mo St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 939.8 W. M. Gunn St. 5 Ward. _____

(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 M 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 Sarah Baumes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 0 10

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

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) not known 11. Total time (years) spent in the occupation not known

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada mo

13. NAME Charles Baumes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Knau Conn

15. MAIDEN NAME Francis Ingerham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Knau Conn

17. INFORMANT (ADDRESS) Francis Gunn Nevada mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moore Cem DATE 3-29-34 1934

19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada mo

20. FILED 3/29/34 1934 W. M. Gunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1934 to Mar 27 1934

I last saw him alive on Mar 27 1934. Death is said to have occurred on the date stated above, at 5/2 m.

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

Venous Poisoning Date of onset 3 wks
Hyperthymic prostate 1 1/2 yrs
Acute myocardial failure 2 hrs
93 930
Other contributory causes of importance: 1937
Chronic Myocarditis 1 1/2 yrs
auricular fibrillation 1 1/2 yrs

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) W. M. Gunn M. D.
(Address) Moore Bldg, Nevada 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

