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.

MAY 25 1934

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

Do not use this space.

13805

File No. 148

Registered No. 668

1. PLACE OF DEATH

County Pettis Registration District No.

Township Primary Registration District No. 3039

City Sedalia (No. Bothwell Hosp. St. Ward)

2. FULL NAME Katie Baldridge

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Arthur Baldridge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29 - 1902

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
32 yr	8	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Warsaw
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Riley Gregory
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warsaw
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Anna Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Don't know

14. INFORMANT Arthur Baldridge
(Address) Warsaw Mo

15. FILED 4-25-1934 Jean Slack REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1934

17. I HEREBY CERTIFY, That I attended deceased from April 6 1934 to April 28 1934, that I last saw her alive on April 27 1934, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis

PHS

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Confinement

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) McPherson M. D

, 19 (Address) Sedalia Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Warsaw Mo.

DATE OF BURIAL: April 30 1934

20. UNDERTAKER: E. M. White

ADDRESS: Warsaw, Mo.