

MAY 25 1934

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

Do not use this space.

15465

1. PLACE OF DEATH

County Sullivan
Township Milan
City Milan (No.)

Registration District No. 852
Primary Registration District No. 4518

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. (If nonresident, give city or town and State)

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 William Black

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 70 years.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. County infirmary

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) Sullivan Co. Missouri

13. NAME Unknown

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

15. MAIDEN NAME Burlina Baldridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co. Mo.

17. INFORMANT (ADDRESS) Joseph Baldridge Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Interred Milan Apr 12 1934

19. UNDERTAKER (ADDRESS) C. A. Schroeder Milan Mo.

20. FILED May 3 1934 Cleo Hagan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to April 11 1934
I last saw her alive on April 11 1934 Death is said to have occurred on the date stated above, at 12:30 pm.
The principal cause of death and related causes of importance were as follows:

myocarditis
Senility
Date of onset

Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? None 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) E. Nelson M. D.
(Address) Milan 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 CARE

