

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Anderson
 Township Saltwater
 City Mexico Mo. (No. Anderson Hospital)

Registration District No. 26
 Primary Registration District No. 3002

File No. 19380
 Registered No. 77
 St. _____ Ward _____

2. FULL NAME Hattie Marie Baise

(a) Residence, No. 124 W. Anderson 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 9 8

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

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) Wellsville Mo. (STATE OR COUNTRY)

13. NAME Charlie Haislip

14. BIRTHPLACE (CITY OR TOWN) Anderson County Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Hattie Smith

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

17. INFORMANT Earl Baise (ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Mexico Mo. DATE 6-26-1934

19. UNDERTAKER H. A. Crutcher & Son (ADDRESS) Mexico Mo.

20. FILED June 25, 1934 Blanche Neely Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1934

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

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

to have occurred on the date stated above, at 10:30 p.m.

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

Coroner's Case
Suicide by drinking
Lysol
163E

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? Suicide Date of injury 6-24-1934

Where did injury occur? Mexico Mo. (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. H. McCall Coroner Anderson

(Address) Ladonia Mo.

