

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

Do not use this space.

19798

1. PLACE OF DEATH

County Bedford
Township Stockton
City Stockton (No. _____)

Registration District No. 165
Primary Registration District No. 4097

File No. July 9, 1934
Registered No. 601
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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) (STATE OR COUNTRY) Stockton, Mo.

FATHER 13. NAME Earl Baumgardner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford, Mo.

MOTHER 15. MAIDEN NAME Stella Goodwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mexico

17. INFORMANT (ADDRESS) Earl Baumgardner
Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Udley DATE June 14, 1934

19. UNDERTAKER (ADDRESS) H. C. Davis and Co.
Stockton, Mo.

20. FILED _____, 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6 - 10 11, 1934 to 6 - 13, 1934.
I last saw her alive on 6 - 11, 1934. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

unknown.
76012
Other contributory causes of importance: _____
Date of onset _____

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) H. A. Lynskey, M. D.
(Address) Stockton, Mo.

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MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cedar

Registration District No. 165

Township Stockton

Primary Registration District No. 4097

File No. July 9 1934

Registered No. 60

2. FULL NAME

(a) Residence, No. Worthy June Baumgarner St. Stockton Ward. 13
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) Stockton, Mo.

13. NAME Earl Baumgarner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Mo.

15. MAIDEN NAME Stella G. Gorman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mexico

17. INFORMANT (ADDRESS) Earl Baumgarner

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar DATE June 14 1934

19. UNDERTAKER (ADDRESS) W. C. Dyer

20. FILED July 9 1934 H. A. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1934

22. I HEREBY CERTIFY That I attended deceased from 6-11 to 6-13, 1934

I last saw him alive on June 13, 1934 Death is said to have occurred on the date stated above, at 2.0 m.

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

Unkown
Date of onset

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? Date of injury, 1934

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) A. A. Sumner, M. D.
(Address) Stockton Mo

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