

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.

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

Do not use this space.

SEP 19 1934

30409

1. PLACE OF DEATH

County Platte  
Township Green  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 681  
Primary Registration District No. 5319

File No. \_\_\_\_\_  
Registered No. 55 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Josephine Baydator

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Baydator</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4-1861</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>1</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hand Keeping</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas County Missouri</u>		
13. NAME <u>John Fresh</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>		
15. MAIDEN NAME <u>Josephine Oliver</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
17. INFORMANT <u>Henry Baydator</u> (ADDRESS) <u>Camden Post</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Camden Rt</u> DATE <u>Aug 26</u> 19 <u>34</u>		
19. UNDERTAKER <u>Lucien Davis</u> (ADDRESS) <u>Madison Mo.</u>		
20. FILED <u>Aug 26 1934</u> <u>E. R. Hill</u> •Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1934 to Aug. 24th 1934  
I last saw her alive on Aug 23 1934 Death is said to have occurred on the date stated above, at 7:50 a. m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis Date of onset 1930  
93C

Other contributory causes of importance \_\_\_\_\_

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) S. L. Dunham M. D.  
(Address) Madison Mo.

