

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 18 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Jackson Primary Registration District No. 1002
City Leads Station (No. TB Hosp.)

File No. 43082
Registered No. 5468
St. _____ Ward _____

2. FULL NAME

Han-City Till - Baerman - H.

(a) Residence, No. 4404 Campbell St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 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) May 27 - 1911
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 23 6 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) California Mo.

FATHER 13. NAME Kuenster - Edmund

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

MOTHER 15. MAIDEN NAME Till - Henrietta

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

17. INFORMANT H. C. J. B. Hosp.
(ADDRESS) Leads Station

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE Dec 21 1934

19. UNDERTAKER Orleans Funeral Home
(ADDRESS) 204 W. 2nd St.

20. FILED 12720 1934 M. M. Croover
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from O. C. 26 1933, to Dec. 19. 1934
I last saw her alive on Dec. 19 1934. Death is said to have occurred on the date stated above, at 11:35 a.m.

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

Pulmonary tuberculosis Date of onset 3 days
2 1/2 yrs

Other contributory causes of importance: none

Name of operation Paraffin Pack Date of Dec. 1933

What test confirmed diagnosis? specimen 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) H. C. J. Baerman M. D.

(Address) H. C. J. Tuberculosis Hospital
Leads, Mo.

ore 3608 Thomas.

Va. 3400 Williams Tell.