

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.

JAN 8 1935

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

Do not use this space.

43549

1. PLACE OF DEATH

County Linn
Township Laurel
City Laurel (No. _____)

Registration District No. 479
Primary Registration District No. 4288

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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Berry</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 28 - 1875</u> | | |
| 7. AGE <u>59</u> | YEARS <u>2</u> | MONTHS <u>3</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u> |
| 10. Date deceased last worked at this occupation (month and year) <u>Nov 23, 1934</u> | | 11. Total time (years) spent in this occupation <u>45</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | |
| 13. NAME <u>Abbie Goodson</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Way L. Baldwin</u> | | |
| 15. MAIDEN NAME <u>Way L. Baldwin</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Way L. Baldwin</u> | | |
| 17. INFORMANT (ADDRESS) <u>Abbie L. Berry</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Laurel Cemetery</u> DATE <u>12-9-34</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Laurel Cemetery</u> | | |
| 20. FILED <u>12/9/34</u> <u>S. L. Bourne</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Dec 1, 1934

I last saw him alive on Nov 23, 1934. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis with Cardiac failure

Date of onset 45c

Other contributory causes of importance:
930

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? No

If so, specify _____

(Signed) C. A. Fuller D.O., M.D.
(Address) La Belle, Mo.

