

APR 3 1935

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

Do not use this space.

2485

1. PLACE OF DEATH
County Polk Registration District No. 701 File No.
Township Primary Registration District No. 4427 Registered No.
City Polina (No.) St. Ward

2. FULL NAME August Baldochem
(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 male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Excelsprings

FATHER 13. NAME Baldochem

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mr. F. J. Cunningham

18. BURIAL, CREMATION, OR REMOVAL PLACE St. James Ch. Kan DATE Jan 21 1935

19. UNDERTAKER (ADDRESS) John E. Swin

20. FILED Jan 21 1935 J. P. Robb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1935, to Jan 21 1935. I last saw him alive on Jan 20 1935. Death is said to have occurred on the date stated above, at 2:30 a.m. The principal cause of death and related causes of importance were as follows:
Chronic nephritis
Chronic myocarditis
Heart failure Date of onset Jan 1935

Other contributory causes of importance: MI

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) Doyle C. McCraw, M. D.
(Address) Polina Mo
(Over)

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.

STATE OF MISSOURI)
County of Polk,) SS.

On this 3rd day of April, 1935 before me personally
appeared Doyle C. McCraw who acknowledged the signing of this
as his free act and deed.

My Commission Expires: January 14th, 1939

E. J. Baird
NOTARY PUBLIC.

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