

JUN 24 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County Lewis  
Township LaBelle  
City LaBelleRegistration District No. 479  
Primary Registration District No. 4288File No. 17013  
Registered No. 17013

## 2. FULL NAME

(a) Residence, No. Elizabeth Baker St. LaBelle Ward. LaBelle

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) widow5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF George Baker6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26<sup>th</sup> 18577. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 11 198. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping

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) North Hampton Mass13. NAME Steven Lynch14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worcester Mass15. MAIDEN NAME Margaret Gorman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Worcester Mass17. INFORMANT (ADDRESS) Mrs. Mae J. Sandknopf18. BURIAL, CREMATION, OR REMOVAL PLACE Edina Mo DATE 3/1719. UNDERTAKER (ADDRESS) Bert & Baskett20. FILED 3/17 19 35 J L Bourn

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15<sup>th</sup> 193522. I HEREBY CERTIFY That I attended deceased from May 10<sup>th</sup> 1935 to May 15<sup>th</sup> 1935I last saw him alive on May 15<sup>th</sup> 1935 at 4:30 P m. Death is said to have occurred on the date stated above, at 4:30 P m.

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

Chronic Myocarditis & AtherosclerosisOther contributory causes of importance: Heart disease & coelName of operation None Date of 5What test confirmed diagnosis? Physical 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 35

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) A. H. Picard, M. D.(Address) LaBelle Mo

