

AUG 15 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

22702

1. PLACE OF DEATH

County Greene
 Township Stonberry
 City Stonberry (No. 314)

Registration District No. 314
 Primary Registration District No. 4190

File No. 24
 Registered No. 24
 St. Stonberry Ward 24

2. FULL NAME

(a) Residence, No. Stonberry
 (Usual place of abode)

St. Stonberry Ward 24

(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 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 26 - 1931

7. AGE YEARS 4 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

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

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) Stonberry MO (STATE OR COUNTRY)

13. NAME Ray Baker

14. BIRTHPLACE (CITY OR TOWN) Union CO (STATE OR COUNTRY)

15. MAIDEN NAME Leona Gester

16. BIRTHPLACE (CITY OR TOWN) Buffalo MO (STATE OR COUNTRY)

17. INFORMANT Ray Baker (ADDRESS) Stonberry MO

18. BURIAL, CREMATION, OR REMOVAL Cooper Cemetery DATE 7/15 - 35

19. UNDERTAKER W. Phillips (ADDRESS) Stonberry MO

20. FILED 7/15 1935 7688 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1935

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1935, to July 14, 1935

I last saw her alive on July 14, 1935. Death is said

to have occurred on the date stated above, at 10:25 a.m.

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

Diphtheria

Date of onset July 10-25

Other contributory causes of importance: 10

Name of operation 10 Date of 10

What test confirmed diagnosis? 10 Was there an autopsy? 10

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 10 Date of injury 10

Where did injury occur? 10 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 10

Nature of injury 10

24. Was disease or injury in any way related to occupation of deceased? 10

If so, specify 10

(Signed) F. J. Hinkley, M. D.

(Address) Stonberry, Mo.

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.

