

AUG 9 1935

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

Do not use this space.

23736

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. \_\_\_\_\_  
Township Mary Primary Registration District No. 3029 Registered No. 218  
City Hospital (No. Elizabeth Asap Hannibal Mo. St. 6th Ward)

2. FULL NAME

(a) Residence, No. Jennison Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>The Lovell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7 1884</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>2</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Homfe</u>		
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) <u>Pike Co Mo</u>		
13. NAME <u>W C Baxter</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co Mo</u>		
15. MAIDEN NAME <u>Fanny Thompson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>2</u>		
17. INFORMANT (ADDRESS) <u>The Lovell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jennison Mo</u> DATE <u>7/28</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Jennison Mo</u>		
20. FILED <u>July 27 1935</u> <u>P. H. Isbester</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 240 m.

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

Fractured skull Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Crushed chest and body tissues 207

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? accident Date of injury 7/26, 1935  
Where did injury occur? Oakwood (near) Ralls Co. Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Public Place - Highway  
Manner of injury Riding in car which tumbled  
Nature of injury to body crushed hit left hand pole.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Carl E. Stewart \_\_\_\_\_  
(Address) Hannibal, Mo.  
Crown, Marion Co. 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.

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