

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr. Howard Miller

AUG 19 1935

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

Do not use this space.

26987

1. PLACE OF DEATH
 County Macon Registration District No. 533
 Township Macon Primary Registration District No. 3027
 City Macon (No. _____) St. _____ (Ward _____)

2. FULL NAME Alvadore Baister
 (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Baister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27-1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hra. ormin.
	<u>68</u>	<u>11</u>	<u>10</u>	

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

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) Ohio

13. NAME Baister

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

15. MAIDEN NAME D.K.

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

17. INFORMANT Bertha Baister
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Illinois
PLACE Burton Cem DATE 8-9-1935

19. UNDERTAKER Stephens & Goodding
(ADDRESS) Macon, Mo.

20. FILED 8/8 1935 Geo. H. Newton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7-1935

22. I HEREBY CERTIFY, That I attended deceased from 8/5, 1935, to 8-7, 1935
 I last saw him alive on 8-7, 1935 Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis with decompensation Date of onset 2 days

Other contributory causes of importance:
Galen sclerosis
Substantial nephritis gra

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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____
 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) Howard Miller, M. D.
 (Address) Macon Mo.

