

SEP 26 1935

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

Do not use this space.

1. PLACE OF DEATH

County Washington
Township Richwoods
City (No.) (St.) (Ward ..)

Registration District No. 889
Primary Registration District No. 6185

File No. 28543
Registered No.
St. Ward)

2. FULL NAME

Donnal Lee Baston

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>at home</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>at home</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22 - 1935</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
		<u>17</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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>Richwoods</u>				
FATHER	13. NAME <u>Willard O Baston</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>			
MOTHER	15. MAIDEN NAME <u>Cassia Sambutic</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>			
17. INFORMANT <u>Willard Baston</u> (ADDRESS) <u>Richwoods</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richwoods</u> DATE <u>Aug 10 1935</u>				
19. UNDERTAKER <u>Hayes Bros</u> (ADDRESS)				
20. FILED <u>Aug 13 1935</u> <u>O. W. Barker</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1935 to Aug 9 1935
I last saw him alive on Aug 9 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:
Colored Infarction
Date of onset

Other contributory causes of importance:
Membrane Periton

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?

If so, specify O. W. Barker
(Signed) O. W. Barker, M. D.
(Address) Richwoods

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.

