

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

Do not use this space.

1. PLACE OF DEATH

County Culberson
Township Cullen
City (No.)

Registration District No. 713
Primary Registration District No. 5942

File No. 30398
Registered No. St. Ward

2. FULL NAME

Allice Morrison Baite

(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. 6 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe J. Baite</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 11 - 1855</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>3</u>
	DAYS <u>28</u>	If LESS than 1 day, <u> </u> hrs. <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u>1924</u>
	11. Total time (years) spent in this occupation <u>Lf</u>

12. BIRTHPLACE (CITY OR TOWN) Buffalo Ridge
(STATE OR COUNTRY) Tex

FATHER
13. NAME Joe Morrison
14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME May Ballish
16. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)

17. INFORMANT Mrs. Baite
(ADDRESS) Waynesville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE 9/11 1935

19. UNDERTAKER J. H. Hoops - Sons
(ADDRESS) Crockett, Mo.

20. FILED 9/19 1935 C. J. Talbot
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9/5 1935 to 9/9 1935
I last saw alive on 9/8 1935. Death is said to have occurred on the date stated above, at 2 A. m.
The principal cause of death and related causes of importance were as follows:

Emphysema
Date of onset 9/5/35

Other contributory causes of importance:

Scratch on arm.

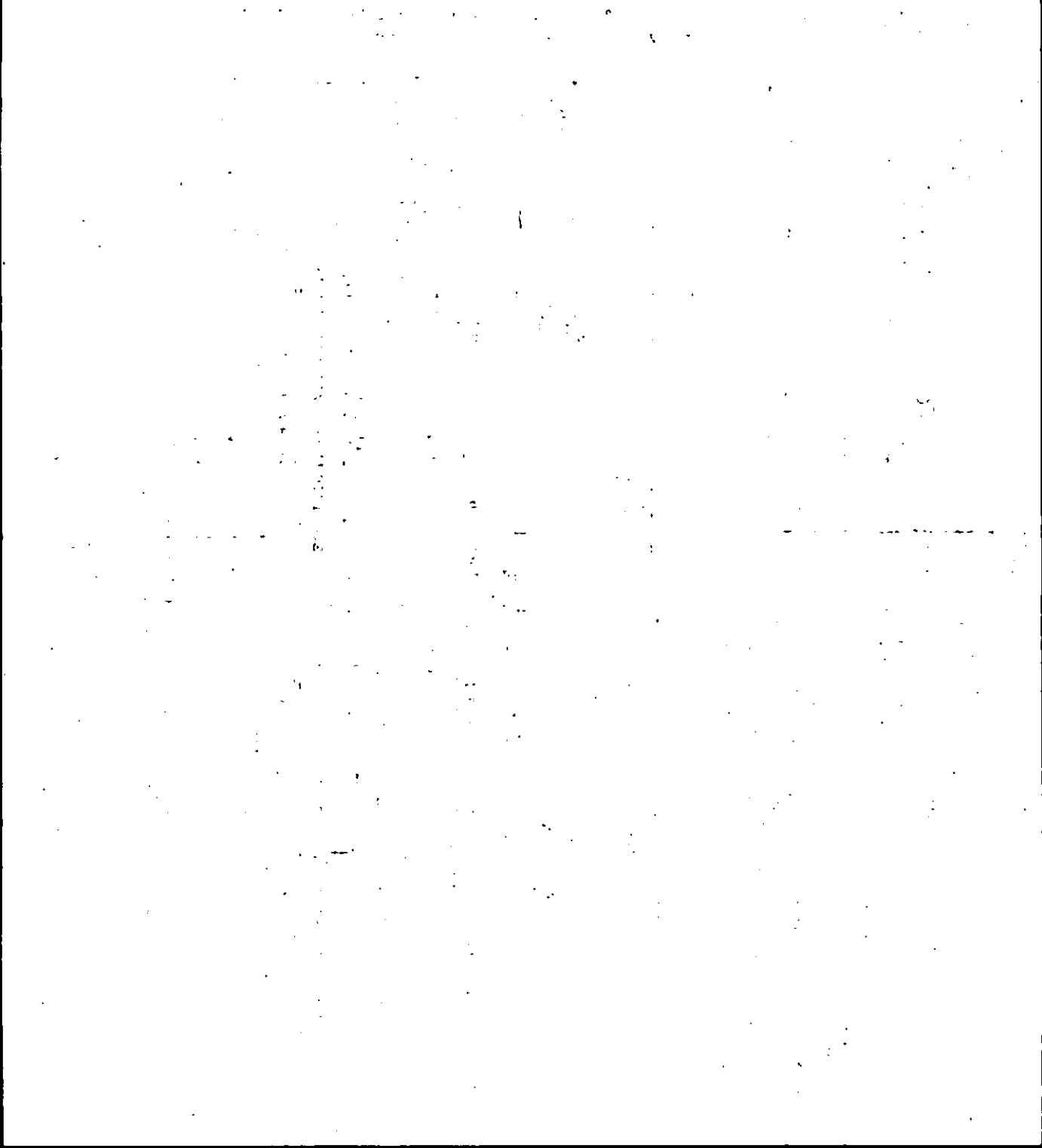
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) C. J. Talbot M. D.
(Address) Waynesville

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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CERTIFICATE OF DEATH

ALL INFORMATION FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY: Do not use this space.

1. PLACE OF DEATH

County Pulaski

Registration District No. 713

Township Butler

Primary Registration District No. 5942

City Butler (No. 1)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Alcie Morrison Baite

(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

F

4. COLOR OR RACE

Dr

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Dr

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

80

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 919 1935 C. H. Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 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 _____ m.

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

Empyema

Date of onset

Other contributory causes of importance

Scratch on arm

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 Sept. 9, 1935

Where did injury occur? At home

(Specify city or town, county, and State)

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

Manner of injury Fall

Nature of injury cut on arm

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

If so, specify _____

(Signed) C. H. Talbot, M. D.

(Address) Graynesville

5-30398