

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

Do not use this space.

NOV 21 1935

1. PLACE OF DEATH

County Jackson
Township Franklin
City Franklin

Registration District No. 3

Primary Registration District No. General Hosp #2

File No. 32838
Registered No. 1048
St. 2nd Ward

2. FULL NAME

(a) Residence, No. 2332 Highland 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF J. H. Bauchum

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-27-1907

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 7 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) La.

13. NAME Claud Hendricks

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

15. MAIDEN NAME Victoria Hopkins

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

17. INFORMANT Record Clerk
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 10-23 1935

19. UNDERTAKER Adkins Bros.
(ADDRESS) 2500 E. 12th

20. FILED 10-22 35 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1935 to 10-15 1935
I last saw her alive on 10-15 1935 Death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:

Gangrenous Appendicitis with Rupture Date of onset

Other contributory causes of importance: General Peritonitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external cause (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) J. O. Jones M. D.
(Address) General Hosp #2

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.

