

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

Do not use this space.

36691

1. PLACE OF DEATH **DEC 19 1935**

County Marion

Registration District No. 547

File No.

Township Marion

Primary Registration District No. 307

Registered No. 329

City Hannibal

(No. 2010 Market 7)

St. 1 Ward

2. FULL NAME August Baudall

(a) Residence, No. 2010 Market St., 1 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1935, to Nov 15, 1935.
I last saw him alive on Nov 15, 1935. Death is said to have occurred on the date stated above, at 9:00 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1850
7. AGE YEARS 85 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

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

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

Acute Indigestion
Heart Failure
Other contributory causes of importance:
Heart Failure
Name of operation none Date of
What test confirmed diagnosis? Chemical Was there an autopsy?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 13. NAME John Baudall

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

15. MAIDEN NAME Katherine

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

17. INFORMANT (ADDRESS) Mrs. Henrietta Baudall
2010 Market Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand View DATE Nov. 18, 1935

19. UNDERTAKER Wm M Smith
(ADDRESS) 902 Bldg Hannibal, Mo

20. FILED Nov 19, 1935 E. Schuster
Registrar.

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) R. K. ..., M. D.
(Address) 2005 Market Hannibal 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.

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

30208

Henrietta Baudall

