

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.

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

Do not use this space.

33902

1. PLACE OF DEATH

County Cedar
Township Lincoln
City Sheldon (No.)

Registration District No. 145
Primary Registration District No. 5231

File No. 8.1936
Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 3 1936</u>		
7. AGE YEARS	MONTHS	DAYS
If LESS than 1 day, 10 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) <u>Cedar Co. Missouri</u>		
13. NAME <u>Fred Baker</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barton Co. Mo.</u>		
15. MAIDEN NAME <u>Lydian Sampson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cedar Co. Mo.</u>		
17. INFORMANT (ADDRESS) <u>Fred Baker</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Younger</u>	<u>Sept. 4 1936</u>	
19. UNDERTAKER (ADDRESS) <u>W. C. Davis & Co. Sheldon, Mo.</u>		
20. FILED <u>Sept 8 1936</u> <u>Mr. A. G. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from September 3, 1936, to September 3, 1936

I last saw him alive on September 3, 1936 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:

Premature labour
Cause unknown

Date of onset

Other contributory causes of importance:

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

(Signed) A. G. Brown M. D.

(Address) Sheldon, Mo.

