

DEC 3 1936

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

Do not use this space.

38154

1. PLACE OF DEATH

County KnasRegistration District No. 447Township BaurtonPrimary Registration District No. 5607City Luthe (No. 1)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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

Female

4. COLOR OR RACE

White

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

Widowed

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

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

Feb 13-1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

73816

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)

Bath Co Ky.

13. NAME

Batson Joe

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

11

15. MAIDEN NAME

Margaret Woodard

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

Bath Co "

17. INFORMANT (ADDRESS)

Alice E Fincaid

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lincoln Cemetery DATE Oct 31 1936

19. UNDERTAKER (ADDRESS)

Fringshman Bros
Edina Mo.

20. FILED

Nov 10 1936 Frank Baldwin

Registrar

MEDICAL CERTIFICATE OF DEATH

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

10-29 193622. I HEREBY CERTIFY, That I attended deceased from 7-5 1935, to 10-22 1936I last saw her alive on 7-18 1936. Death is saidto have occurred on the date stated above, at 4:50 P. m.

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

Cancer ascending colonMetastatic to brain

Date of onset

7-5-35

Other contributory causes of importance:

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) Frederick L. Schmitt D.O. M. D.(Address) Edina, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

