

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.

FEB 7 1937

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

Do not use this space.

2169

1. PLACE OF DEATH

County Marion
Township Liberty
City Liberty

Registration District No. 1541
Primary Registration District No. 155231

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Martha Ellen Baumgartner
(Usual place of abode) Belle Mo. St. _____ Ward _____

Length of residence in city or town where death occurred 77 yrs. 10 mos. 24 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 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) Mike Baumgartner

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

7. AGE YEARS 77 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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) Belle Mo.

13. NAME John Ridenhour 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 7

15. MAIDEN NAME Rebelle Hilliard

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

17. INFORMANT (ADDRESS) Gus Baumgartner

18. BURIAL, CREMATION, OR REMOVAL Liberty Cemetery DATE 11-8-1936

19. UNDERTAKER (ADDRESS) L. G. Ridenhour

20. FILED Feb 10 1937 Mrs. Gertrude J. J. J. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-1936

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1936 to 11-7-1936

I last saw her alive on Nov. 5-1936. Death is said to have occurred on the date stated above, at 11 a. m.

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

Cerebral Hemorrhage Date of onset 11-7-36

Other contributory causes of importance: Arteriosclerosis 12-13-28

Name of operation None Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____

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) W. R. Gurgill M. D.

(Address) Belle Mo.

