

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

FEB 18 1937

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

Do not use this space.

2247

1. PLACE OF DEATH

66 County Miller Registration District No. 561
 2 Township Saline Primary Registration District No. 4330
 4 City Eldon (No. 2 St. Ward)

File No. _____
 Registered No. 2

2. FULL NAME May Elizibith Baucome (Mae E Baucom. isight)

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/17/37 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 1/17 1937 to 1/17 1937
 I last saw her alive on 1/17 1937 Death is said to have occurred on the date stated above, at 6:45 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1889

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
47 5 13

Date of onset

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation.** _____

Pulmonary Thrombosis 1/17/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo.

Other contributory causes of importance:
Arterio Sclerosis

FATHER **13. NAME** Geo. William Rohy

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholesterol Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co. Mo.

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)

MOTHER **15. MAIDEN NAME** Martha Jane Hargis

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo.

17. INFORMANT Rohy Baucom
 (ADDRESS) Eldon Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Eldon Mo. DATE 1/22/37 1937

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

19. UNDERTAKER Eldon Funeral Home
 (ADDRESS) Eldon Mo.

(Signed) G. D. Walker, M. D.
 (Address) Eldon Mo.

20. FILED 1-22 1937 Belle Faynes
 Registrar.

