

MAR 17 1937

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

Do not use this space.

5515

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs, Mo. (No. _____)

File No. 19
Registered No. _____
St. 3d Ward

2. FULL NAME BACCUS, Fred E.

Veterans Administration Facility
(a) Residence, No. _____, Ward. Unionville, Missouri
(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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 <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22, 1892</u>		
7. AGE	YEARS	MONTHS
	<u>44</u>	<u>6</u>
		<u>15</u>
	If LESS than 1 day, hrs. or min.	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Lafe Baccus14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Nellie Haney16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Hospital Records
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton, Mo. DATE 2-6-37, 19__19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs, Mo.20. FILED Feb. 6 1936 Lorena M. Cracker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1937, 19__22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1936, 19__, to Feb. 6, 1937, 19__I last saw him alive on Feb. 6, 1937, 19__ Death is saidto have occurred on the date stated above, at 4:10 m. A.M.

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

Date of onset

Congestive heart failure from hypertensive heart disease

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO23. If death was due to external causes (violence, ~~ill~~ in ~~also~~ the following:Accident, suicide, or homicide? NO 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 H. C. Hardecree(Signed) H. C. HARDECREE, MD, Clinical Director(Address) Veterans Administration Facility
Excelsior Springs, Mo.

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

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.

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