

MAY 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Lyon
City Leticia, Mo. (No. _____)

Registration District No. 300
Primary Registration District No. 5417

File No. 16285
Registered No. 6
St. _____ Ward _____

2. FULL NAME

Roseline Patricia Baur

(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 <u>F</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-11-1937</u> | | |
| 7. AGE | YEARS | MONTHS |
| | | <u>1</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. | 11. Total time (years) spent in this occupation |
| | 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) | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leticia, Mo.

13. NAME Fred Baur

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wien, Mo.

15. MAIDEN NAME Laura Banker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leticia, Mo.

17. INFORMANT Fred Baur
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holy Family Church DATE 4/27/37

19. UNDERTAKER E. H. Tompkins
(ADDRESS) Osceola, Mo.

20. FILED 4-27-37 1937 J. K. Whitehouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1937, to April 26, 1937
I last saw her alive on April 25, 1937 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Stasis hypopharyngea
Sudden death - no other explanation & autopsy was not performed

Date of onset

Other contributory causes of importance:

Acute Corizza

Name of operation none Date of _____

What test confirmed diagnosis? none Was there an autopsy? Yes

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) Charles S. Shandy, M. D.

(Address) Osceola, Mo.

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.

