

AUG 18 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26579

1. PLACE OF DEATH

County BarnRegistration District No. 29Township Flat CreekPrimary Registration District No. 50.38City Cassville, Mo.

File No. _____

Registered No. 49

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) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 28th 19377. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 08. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓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) Cassville, Mo.
(STATE OR COUNTRY)13. NAME Lee Baker14. BIRTHPLACE (CITY OR TOWN) Mary Co. Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Ruth Carson16. BIRTHPLACE (CITY OR TOWN) Madison, Mo.
(STATE OR COUNTRY)17. INFORMANT Lee Baker
(ADDRESS) Cassville, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Rocky Comfort DATE Apr 29th 193719. UNDERTAKER Harold Culver
(ADDRESS) Cassville, Mo.20. FILED 7-21, 1937 Geor. Neuman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28th 193722. I HEREBY CERTIFY, That I attended deceased from April 28, 1937 to April 28, 1937I last saw h. _____ alive on Apr 28th, 1937. Death is said to have occurred on the date stated above, at 11 P.M.

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

Still Born complete
Placenta Previa Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Norm N. Salter, M. D.(Address) Cassville, Mo.

NOTE: 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.

