

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Archamoa

Township St Joseph

City St Joseph

Registration District No. 85

Primary Registration District No. 1001

(No. 1001)

File No. 30159

Registered No. 886

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. _____

mos. _____

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 - 1918

7. AGE

YEARS 19

MONTHS 3

DAYS 9

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Archamoa Co Mo

MOTHER FATHER

13. NAME Walter R Baker

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

15. MAIDEN NAME Penula A Martin

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

17. INFORMANT (ADDRESS) Walter R Baker
Stewartsville Mo

18. BURIAL, CREMATION, OR REMOVAL

Place St Joseph Date Aug 16 37

19. UNDERTAKER (ADDRESS) Curry - Hyatt
St Joseph Mo

20. FILED Aug 14 1937 H J Keettlebush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1937

22. I HEREBY CERTIFY, That I attended deceased from August 13 1937, to August 13 1937

I last saw her alive on August 13 1937. Death is said to have occurred on the date stated above, at 6:05 P.m.

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

Pregnancy

Date of onset 4-25-37

Other contributory causes of importance:

Abortion

8-9-37

Peritonitis, General

8-12-37

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical. Was there an autopsy? No

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) H C Senor

M. D.

(Address) St Joseph, 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.

