

NOV 15 1937

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

Do not use this space.

1. PLACE OF BIRTH

County BooneRegistration District No. 71Township CedarPrimary Registration District No. 5110A

City

(No.)

St.

Ward)

File No. 37074Registered No. 23

2. FULL NAME

(a) Residence, No. MS BAINE R.1

(Usual place of abode)

Ward.

(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)

Child

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

Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18th 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

X413

OCCUPATION

8. 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.

Child

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)

Cedar Township

13. NAME

G B Acton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Boone Co

15. MAIDEN NAME

Sallie Calvin Acton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Boone Co Mo

17. INFORMANT (ADDRESS)

G B Acton

18. BURIAL, CREMATION, OR REMOVAL

PLACE Nashville Tenn DATE Nov 1st 1937

19. UNDERTAKER (ADDRESS)

R O Willett Columbia Mo

20. FILED

Nov 8 1937Frances Nichols

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Oct 31st 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct 31, 1937, to Oct 31, 1937I last saw her alive on 2:00 AM Oct 31, 1937 Death is saidto have occurred on the date stated above, at 2:30 P.M.

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

Gastro EnteritisDate of entry Oct 29

Other contributory causes of importance:

Rattle feed

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) Stephyn D. Smith M. D.(Address) Columbia Mo

