

NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Platte

Township

City Camden Point(No. 1)Registration District No. 691Primary Registration District No. 4433File No. 38511Registered No. 87

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)

Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 24 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

80109

OCCUPATION

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

House wife

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)

Platte Co. Missouri

FATHER

13. NAME

A. J. Leavel

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

Kentucky

MOTHER

15. MAIDEN NAME

Elizabeth J. Logan

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

Kentucky

17. INFORMANT (ADDRESS)

Mary Temple Hall
Marysville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Camden Point Mo. DATE Oct 15 - 1937

19. UNDERTAKER (ADDRESS)

Wesley Davis
Seaborn Mo.

20. FILED

10-18

1937

E. R. Hull

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 13th 193722. I HEREBY CERTIFY, That I attended deceased from Sept 9th 1937 to Oct 13 1937I last saw her alive on Oct 13 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Sept 9th 1937

Date of onset

Mental & PhysicalStroke - Right leg & armStroke - Left leg & armStroke - Right leg & armStroke - Left leg & armStroke - Right leg & armStroke - Left leg & armStroke - Right leg & armStroke - Left leg & armStroke - Right leg & armStroke - Left leg & armStroke - Right leg & armStroke - Left leg & armStroke - Right leg & arm

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

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)

(Address)

M. D.

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.

825

CAUSE OF DEATH in birth & early life.—Every item of information shown & recorded, supplied.

EX-107
EX-108
EX-109
EX-110
EX-111
EX-112
EX-113
EX-114
EX-115
EX-116
EX-117
EX-118
EX-119
EX-120
EX-121
EX-122
EX-123
EX-124
EX-125
EX-126
EX-127
EX-128
EX-129
EX-130
EX-131
EX-132
EX-133
EX-134
EX-135
EX-136
EX-137
EX-138
EX-139
EX-140
EX-141
EX-142
EX-143
EX-144
EX-145
EX-146
EX-147
EX-148
EX-149
EX-150
EX-151
EX-152
EX-153
EX-154
EX-155
EX-156
EX-157
EX-158
EX-159
EX-160
EX-161
EX-162
EX-163
EX-164
EX-165
EX-166
EX-167
EX-168
EX-169
EX-170
EX-171
EX-172
EX-173
EX-174
EX-175
EX-176
EX-177
EX-178
EX-179
EX-180
EX-181
EX-182
EX-183
EX-184
EX-185
EX-186
EX-187
EX-188
EX-189
EX-190
EX-191
EX-192
EX-193
EX-194
EX-195
EX-196
EX-197
EX-198
EX-199
EX-200

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.

REGISTRATION SMALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

382-11

Do not use this space.

1. PLACE OF DEATH

(a) County Platte

Registration District No. 691

(b) Township

Primary Registration District No. 4433

(c) City Camden Point

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Betty Baughman St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

80

10

9

OCCUPATION

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

9. Industry or business in which work
was done, as 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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED

Jan 6 - 1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

1938

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from

to, 19

I last saw h. alive on, 19. Death is said

to have occurred on the date stated above, at m.

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

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)

E. R. Hull

M. D.

(Address)

Camden Point Mo.

