JAN 151938 MISSOURI STATE BOARD OF HEALTH Do not use this space. uld be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH 44569 County....Andrain..... Registration District No..... Primary Registration District No. 3002 Registered No., Township Salt Free T. Giy Mo Mo (No. Hardin College Property St. William Everett Baise (a) Residence, No. Hardin Colledge Property St. Ward. (If nonresident, give city or town and State) (Usual place of abode) How long in U.S., if of foreign birth? mag YES. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 3. SEX 21. DATE OF DEATH (MONTH, DAY, AND YEAR) ZZ E @ Divorced (thrite the word) White Male I HEREBY CERTIFY. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED, 19....., 19....., 19......, 19...... HUSBAND OF (OR) WIFE OF Lena Y. Baise I last saw h slive on 19 Death is said should 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ADTIL 6th 1889 N. B.—Every item of information should be carefully supplied. AGE sho CAUSE OF DEATH in plain terms, so that it may be properly classified. The principal course of death and related Causes of importance were as follows: DAYS If LESS than 1 MONTHS 7. AGE YEARS day.hrs. 48 26 ormin. 8. Trade, profession, or particular kind of work done, as spinner, Day sawyer, bookkeeper, etc Laborer 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... 11. Total time (years). 1 fe 10. Date deceased last worked at Other contributory causes of importance: this occupation (month and occupation..... year).....inemploved..... (STATE OR COUNTRY) Missouri <u>Joeseph Baise</u> 13. NAME Name of operation Date of 14. BIRTHPLACE (CITY OR TOWN) NAMON HAZYAV . Was there an autopsy?... What test confirmed diagnosis?..... Montgomery County, Mo. 23. If death was due to extend causes (violence), fill in also the following: (STATE OR COUNTRY) Accident, suicide, or homicide? (Control Date of injury / 2/2, 193) 15. MAIDEN NAME Nancy Earvey Where did injury occur? mexico and ob. Hontgomery Co. No. 16. BIRTHPLACE (CITY OR TOWN). (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. Mrs. Harry Coil 17. INFORMANT.... Mexico, Missouri (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... MACE Liberty, Callways Cov. 24. Was disease or injury in any way related to occupation of deceased If so, specify...... (ADDRESS) Mexico. Missouri

