

RECD APR 22 1938

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

Do not use this space.

11797

1. PLACE OF DEATH

County Putnam

Township Sumner

City Bowling Green

Registration District No. 684

Primary Registration District No. 4408

File No. _____

Registered No. 14

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 male 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 xx

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10th 1849

7. AGE YEARS 88 MONTHS 6 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ky

13. NAME Harmon Baber

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

15. MAIDEN NAME Percees Gayle

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

17. INFORMANT Marle Baber (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL Bowling Green Mo

19. UNDERTAKER Marle Baber (ADDRESS) Bowling Green Mo

20. FILED 4-10-38 19 38 for Sumner Ky

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/38 19 38

22. I HEREBY CERTIFY, That I attended deceased from 3/7/38, 19 38, to 3/9/38, 19 38

I last saw him alive on 3/7, 19 38 Death is said

to have occurred on the date stated above, at 9¹⁵ m.

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

Pneumonia Bronchial Date of onset 3/7/38

Other contributory causes of importance: 1072

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) J. H. Kasper M. D.

(Address) Bowling Green Mo

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