

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.

APR 13 1939

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

Do not use this space.

11724

1. PLACE OF DEATH

County Wardour
Township
City Graham Mo. (No. 616)

Registration District No. 622
Primary Registration District No. 4373

File No. _____
Registered No. 4 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____
(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-29-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 9 hrs.

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. —
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) Graham Mo.

13. NAME Ernest W. Baber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Falls Kansas

15. MAIDEN NAME Rochey Reynolds

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

17. INFORMANT Warren Barber (ADDRESS) Graham Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison Mo. DATE 3-30-39

19. UNDERTAKER Campbell Funeral Home (ADDRESS) Wentland Mo.

20. FILED April 16 1939 Wm. E. Black Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 1939, to Mar 29, 1939

I last saw her alive on Mar 29, 1939. Death is said to have occurred on the date stated above, at 12:00 P.M.

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

patent foramen ovale Date of onset _____

Other contributory causes of importance: 159c

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1939

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) R. M. Litley, M.D.

(Address) Wentland Mo.

RECEIVED

District Health Officer No. 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

District File Number 39-337

Date Filed APR 12 1939