

30 AUG 9 1939

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

24890
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township 1 Primary Registration District No. 4210 Registered No. 40
(c) City Savannah (d) Street No. _____ St.
(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 5771 Elisabeth Jane Baum

(a) Residence, No. Savannah Mo. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Baum
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Andrew County (STATE OR COUNTRY) Mo.

FATHER 13. NAME E Gideon Roberts

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

MOTHER 15. MAIDEN NAME Delila Townsend

16. BIRTHPLACE (CITY OR TOWN) Andrew County (STATE OR COUNTRY) Mo.

17. INFORMANT Chester Baum (ADDRESS) Bolckow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE July 4 1939

19. FUNERAL DIRECTOR (NAME) E. C. Breit (ADDRESS) Savannah Mo.

20. FILED July 4 1939 Mrs. Jennie Rash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1939

22. I HEREBY CERTIFY, That I attended deceased from April 11 1939 to July 2nd 1939
I last saw h. e. R. alive on April 4 1939. Death is said to have occurred on the date stated above, at 4:10 A. m.

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

carcinoma of throat

Date of onset 1938
April 4

Other contributory causes of importance: 45

Name of operation none Date of _____
What test confirmed diagnosis? Physic 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 _____, 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? No
If so, specify _____ (Signed) T. H. Kelley M. D.
(Address) Savannah Mo.

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.

RECEIVED

District Health Officer No. 11,

District File Number 839-987

Date Filed AUG 7 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

E. C. Breit

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.