

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

Do not use this space.

1. PLACE OF DEATH

County Adair

Registration District No. 4

File No. 3616

Township Tusksville

Primary Registration District No. 3001

Registered No. 29

City Tusksville (No. 7)

St. Green Lake mo Ward

2. FULL NAME

(a) Residence, No. Albert Baker St. Green Lake mo 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 M 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1910

7. AGE YEARS 21 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2

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) Adair Co Mo

13. NAME Chas F Baker

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

15. MAIDEN NAME Bertha Blodgett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green City Mo

17. INFORMANT (ADDRESS) Chas F Baker

18. BURIAL, CREMATION, OR REMOVAL PLACE Refuge DATE Feb. 24, 1932

19. UNDERTAKER (ADDRESS) Funeral Home Tusksville Mo

20. FILED 2-27, 1932 Mrs C H Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932 to Feb. 22, 1932

I last saw him alive on Feb. 22, 1932. Death is said to have occurred on the date stated above, at 4:05 P.M.

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

Peritonitis
122 B
127

Other contributory causes of importance Intestinal obstruction

Name of operation Intestinal obstruction of Feb. 20, 1932
What test confirmed diagnosis? 1 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) R. R. Ellyer, M. D. (Address) Tusksville, 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.

YEAR 21 1932

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SECRET

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Adair Registration District No. 4
 Township Primary Registration District No. 3-10-1
 City Keokuk St. Ward

File No.
 Registered No. 529

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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Apr 5 1932 Wm C. Becker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1932

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 stated above, at m.

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

Peritonitis
12213
 Other contributory causes of importance:
Intestinal obstruction
caused by adhesions

Date of onset

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) , M. D.
 (Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-3616