

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.

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

Do not use this space.

FEB 20 1935

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1. PLACE OF DEATH

County Buchanan Registration District No. 85¹
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME

Elizabeth Ann Baum

(a) Residence, No. 2123 Jule St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|----------------------------------|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dr. Harry Baum</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 26, 1880</u> | | |
| 7. AGE YEARS <u>54</u> | MONTHS <u>8</u> | DAYS <u>5</u> |
| If LESS than 1 day, hrs. or min. | | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u> |
| | 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) Slater,
(STATE OR COUNTRY) Mo.

FATHER 13. NAME John W. Moore

FATHER 14. BIRTHPLACE (CITY OR TOWN) Grundy Co.,
(STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Eliza Edwards

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Grundy Co.,
(STATE OR COUNTRY) Mo.

17. INFORMANT Dr. Harry Baum
(ADDRESS) 2123 Jule St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE Jan. 3, 1934,

19. UNDERTAKER Walter Meierloffer
(ADDRESS) 1302 Eagon St. St. Joseph, Mo.

20. FILED Jan 21 1935
John R. Bender,
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from

Dec 29, 1934, to Jan 1, 1935.I last saw her alive on Jan 1, 1935. Death is saidto have occurred on the date stated above, at 9:15 P. M.

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

Gram-negative Bacteria

Date of onset

Dec 19, 34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Findings there an autopsy?23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935Where 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) W. C. C. C., M. D.(Address) Phys. & Surg. Bldg., St. Joseph, Mo.

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