REC'D FEB 23 1939

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

1510
Do not use this space.

1. PLACE OF DEATH

(a) County Barry — Registration District No. 31

(b) Township Butterfield — Primary Registration District No. 6240 — Registered No. 1

(c) City ..... (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 200 Lydia Bell Gaige

(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Preston P. Gaige Dec.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 21, 1870

7. AGE: YEARS 68 — MONTHS 8 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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) (STATE OR COUNTRY): Lebanon, Mo. 0

FATHER
13. NAME: Spicks 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 9

MOTHER
15. MAIDEN NAME: Dont Know 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Preston E. Gaige, Butterfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Antioch — DATE: Jan 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Koon Funeral Home, Cassville Mo. 321

20. FILED: Jan. 10, 1938 Donald Blankenship, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938, to Jan 6, 1939. I last saw her alive on Jan 6, 1939. Death is said to have occurred on the date stated above, at 5 P.m.

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

	Date of onset
Hypo-Static Pneumonia	1-2-39
93C	

Other contributory causes of importance:
Chronic Myocarditis
Hypertension
Cerebral Haemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys. 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. L. Baldwin, M.D.
(Address) Purdy Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

5

X14028

Baldwin
Purdy

RECEIVED
District Health Officer No. 6,
District File Number 6-39-436
Date Filed FEB 17 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, Eugene Wood; or by .....

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

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address Caswell, Mo.

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

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