

MAY 22 1939

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

15835

Do not use this space.

1. PLACE OF DEATH  
(a) County Platte Registration District No. 691  
(b) Township \_\_\_\_\_ Primary Registration District No. 3919 Registered No. 58  
(c) City Camden Point (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 Rachel Baydston  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Moss Baydston  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9 - 1840  
7. AGE YEARS 98 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Keen Keeping  
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) Platte Co. Missouri  
13. NAME Berjamin Baydston  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
15. MAIDEN NAME Mary Cunningham  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
17. INFORMANT (ADDRESS) Mrs. Mary French Camden Point Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Camden Point DATE Apr 13, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Luciah Davis Deacon Mo  
20. FILED \_\_\_\_\_ 19 \_\_\_\_\_ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11<sup>th</sup>, 1939  
22. I HEREBY CERTIFY, That I attended deceased from April 10<sup>th</sup>, 1939, to April 11<sup>th</sup>, 1939  
I last saw her alive on April 11<sup>th</sup>, 1939 Death is said to have occurred on the date stated above, at 5:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Practical Innuce  
Date of onset 4-10-39  
Other contributory causes of importance: 1070  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phys Ex 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 r  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_ (Signed) S. L. Duffner M. D.  
(Address) Camden 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

Dist. & Health Officer No. 111  
39-413

Date Filed **MAY 3 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, or by MR

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Richard Davis

Licensed Embalmer No. 1714

P. O. Address Deerborn, 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.

RECEIVED  
DISTRICT HEALTH OFFICER  
MAY 3 1939  
STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF PUBLIC HEALTH  
ST. LOUIS, MISSOURI

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

15-835-  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Platte Registration District No. 691  
 (b) Township Camden Point Primary Registration District No. 3919  
 (c) City Camden Point (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 Rachel Boydston  
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-9-1840

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>98</u>	<u>5</u>	<u>2</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping  
 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) Platte Co Mo

FATHER  
 13. NAME Benjamin Boydston  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER  
 15. MAIDEN NAME Mary Cunningham  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Mrs Mary French Camden Point Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Camden Point DATE Apr 13 1939

19. FUNERAL DIRECTOR (ADDRESS) Francis French + Reddick Camden Point Mo

20. FILED James 1939 OR Hull Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-11 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 10 to Apr 11, 1939  
 I last saw her alive on Apr 10, 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:  
Bronchial Pneumonia  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Ship ex 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) S. L. Durham, M. D.  
 (Address) Camden Point 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.

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

