

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 16 1936

38546

1. PLACE OF DEATH

County Boone Registration District No. 72
Township Central Primary Registration District No. 4041
City Central (No. _____) St. _____ Ward _____

File No. _____
Registered No. 3-8-39 St. _____ Ward _____

2. FULL NAME

Ruby Jean Baade
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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) Nov 26 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
4 0 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
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) California Mo.

13. NAME Carl G. Baade

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

15. MAIDEN NAME Lajda P. Baachaus

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

17. INFORMANT Carl G. Baade (ADDRESS) Centralia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE California Mo. DATE 12-20 1935

19. UNDERTAKER Wm. J. Baachaus (ADDRESS) Centralia Mo.

20. FILED 12/19/35 1935 J. C. Hickerson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1935, to Dec 18 1935

I last saw him alive on Dec 18 1935. Death is said to have occurred on the date stated above, at 11 a.m.

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

myocarditis Date of onset 24 1935
Pharyngeal embolus Dec 11

Other contributory causes of importance:

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 _____ 1935

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) Frank W. Baachaus, M. D.
(Address) Centralia, Mo.

