

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

Do not use this space.

20786

1. PLACE OF DEATH

County Butter
Township
City Poplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 215 St. Ward)

2. FULL NAME

May Baker
(a) Residence. No. 525 N. 10th 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 F- 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O. C. Baker.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 4 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Poplar Bluff - mo -
(STATE OR COUNTRY)

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Farrell.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known.
(STATE OR COUNTRY)

14. INFORMANT O. C. Baker -
(Address) Poplar Bluff, mo

15. FILED 8-6-27 W. S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/26/1927

17. I HEREBY CERTIFY That I attended deceased from July 1, 1927, to July 26, 1927, that I last saw alive on, 1927, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
(duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY (SECONDARY) 31
(duration) yrs. mos. da.

18. WHERE (AS DISEASE) CONTACTED
IF NOT AT PLACE OF DEATH.....

6. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Bailey, M. D.
Aug 4, 1927 (Address) Poplar Bluff, mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn DATE OF BURIAL 7/28 1927

20. UNDERTAKER Frank Und - Co - ADDRESS Poplar Bluff, mo

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.

FEB 20 1957