

SEP 27 1927

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

Do not use this space.

23879

1. PLACE OF DEATH

County ClayRegistration District No. 197Township WataugaPrimary Registration District No. 5274City Ark. Mo. (No. 1217 Oak)File No. 36Registered No. 36St. 1 Ward P

2. FULL NAME

Lula Anna Baker(a) Residence No. 1217 Oak St. 1 Ward P

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 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 (write the word)

Married

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

David A Baker

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

Oct 15 - 1888

7. AGE

47

YEARS

MONTHS

10

DAYS

7

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Texas

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Myers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

14.

INFORMANT

David A Baker

(Address)

1217 Oak

15.

FILED

8-24-27GR Wag

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Aug 22 19 27

17.

I HEREBY CERTIFY That I attended deceased from May 24, 1927, to Aug 23, 1927, and that I last saw her alive on Aug 23, 1927, and that death occurred, on the date stated above, at 1.06 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of rectum with metastasis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Clinical signs(Signed) H. H. C. [Signature], M. D.8-24, 1927 (Address) 1217 Oak

*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

Liberty

DATE OF BURIAL

Aug 25 19 27

20. UNDERTAKER

Rose & Co

ADDRESS

15 Jackson

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Every item of information should be carefully supplied.

