OCT 24 1927

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

Do not use this space.

85

26483

1. PLACE OF DEATH
County: Buchannan
Registration District No.: 1001
File No.: 891
Township:
Primary Registration District No.:
Registered No.:
City: St.Joseph (No. St.Joseph's Hospital. St. Ward)

2. FULL NAME: Helen Wright's Baker.
(a) Residence. No. 1209 South 9th Street. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 12-1892

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
35	6	19	

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): St.Joseph
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: J.D.Wrights.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown.
(STATE OR COUNTRY): North Carolina
12. MAIDEN NAME OF MOTHER: Josephine Elringer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Luxemberg
(STATE OR COUNTRY): Germany.

14. INFORMANT: Mrs Ray Browne.
(Address): St.Joseph, Missouri.

15. FILED 9/2, 1927 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): September 1, 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1927 to Sept 1, 1927 that I last saw her alive on Aug 1 Sept 1, 1927 and that death occurred, on the date stated above, at 6:p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Streptococcic infection of throat (Non-diphtheritic)
11.27
(duration) yrs. 4 mos. ds.
CONTRIBUTORY (SECONDARY) Tonsilitis (Chronic)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH
Did an operation precede death? No Date of
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) J. H. Allgayer, M.D.
9/2, 1927 (Address) Bowles Trust Bldg

*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: Mount Olivet Cemetery.
DATE OF BURIAL: Sept.3. 1927.
20. UNDERTAKER: H.O. Siebenfaden
ADDRESS: 1802 Union St.

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.