

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

Do not use this space.

29724

1. PLACE OF DEATH

County, Clay Co
Township, Boyer
City, Jackson (No.)

Registration District No. 124
Primary Registration District No. 4070

File No.
Registered No. 47
St. Ward)

2. FULL NAME

Mary Francis Baker
(a) Residence, No. St., Ward.
(Usual place of abode)

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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	7		16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employee).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Jackson Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Thos Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hiteville Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mollie Raymond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Millersville Mo.
(STATE OR COUNTRY)

14. INFORMANT Thos Baker
(Address) Jackson Mo.

15. FILED 10-15-27 D. G. Seebus
19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1927, to Oct 13, 1927, that I last saw her alive on Oct 13, 1927, and that death occurred, on the date stated above, at 7:30 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Colitis

119B / 1130
(duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY) unknow
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? copying physical exps
(Signed) O. R. Stalter, M. D.

Oct 15, 1927 (Address) Jackson 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 Russell Heights Cem DATE OF BURIAL 10-15-27

20. UNDERTAKER Leacock & Miller ADDRESS Jackson 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.

1927

