

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.

16018

1. PLACE OF DEATH

County Madison
Township Clinton
City Clinton (No.)

Registration District No. 23
Primary Registration District No. 5032A

File No.
Registered No.
St. Ward

2. FULL NAME

Sarah T. 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.

PERSONAL AND STATISTICAL PARTICULARS

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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-26-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 8 12 82 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wm. Smith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Caloway Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER James Reed Baker

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT J. H. Baker
(Address) Boston City Mo

15. FILED 5/9 1928 J. F. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1928

17. I HEREBY CERTIFY That I attended deceased from May 8, 1928, to May 8, 1928.
that I last saw him alive on May 6, 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

111 P
111 P
Supostate Pneumonia
(duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY) Apoplexy 1 yr ago Influenza
(duration) yrs. mos. ds. 1

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) Frank J. Valley, M. D.
5/8, 1928 (Address) Mexico 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 DATE OF BURIAL

Millersburg Mo 9 1928

20. UNDERTAKER ADDRESS

H. A. Priest Johnson Mexico Mo

