G 21 1928

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

Do not use this space.

22987

File No. 11

Registered No. 11

1. PLACE OF DEATH

County: Boone — Registration District No. 74

Township: Rocky Fork — Primary Registration District No. 5113

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME Sarah Eliza Baker

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. H. Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-6-1850

7. AGE: Years 77 — Months 10 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: Frank Grindstaff

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Boone Co.
(STATE OR COUNTRY): Mo

12. MAIDEN NAME OF MOTHER: Martha Adams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Boone Co.
(STATE OR COUNTRY): Mo

14. INFORMANT: Vierno Baker
(Address): Paroleton Mo

15. FILED 7/30 1928 ~~J. E. Hickerson~~ Mrs. F. L. Faucett
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 26 1928

17. I HEREBY CERTIFY, That I attended deceased from July 26 1928, to July 26 1928, that I last saw her alive on July 26 1928, and that death occurred, on the date stated above, at 1 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

8 hrs (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): None

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. E. Hickerson, M. D.

7/26 1928 (Address) Centralia 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: New Hope Cemetery — DATE OF BURIAL: 7/28 1928

20. UNDERTAKER: M. J. McDaniel — ADDRESS: Centralia 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.