

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

Do not use this space.

39248

1. PLACE OF DEATH

County Worth
Township Witchell
City Grant City (No.)

Registration District No. 903
Primary Registration District No. 4545

File No.
Registered No. 22
St. Ward)

2. FULL NAME Clara A Baker

(a) Residence No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 1, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
81 | 0 | 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home with daughter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER William Weather

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Chas. Gray
(Address) Grant City, Mo.

15. FILED 11/10/28 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-9-1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1928, to Nov 9, 1928 that I last saw her alive on Nov 11, 1928, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

97 (duration) 11 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Sclerosis (duration) 2 yrs. mos. da.

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 symptoms

(Signed) J. Whipp, M. D.
Nov 9, 1928 (Address) Grant City 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 Marionville DATE OF BURIAL 11/11/1928

20. UNDERTAKER Arch C. Duffee ADDRESS Grant City Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1928

