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

Do not use this space.
1554

48
20
63

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo (No. 51 Lukes Ave St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 1467

2. FULL NAME Mallie A. Baker
(a) Residence. No. 808 Armour blvd St., 6 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 40 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Joseph W. Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	66	10	14	

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

9. BIRTHPLACE (CITY OR TOWN) Boone
(STATE OR COUNTRY) Iowa

PARENTS
10. NAME OF FATHER Louis J. Dunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pa
12. MAIDEN NAME OF MOTHER Jinnie Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ills

14. INFORMANT Joseph W Baker
(Address) 808 Armour Blvd

15. FILED 1-12-29 M. M. Evans REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1928, to Jan 11, 1929
that I last saw h... alive on Jan 11, 1929, and that
death occurred, on the date stated above, at 6:20 p m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Exophthalmus goiter 1929

(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Anemia
(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID A OPERATION PRECEDE DEATH? Yes DATE OF Jan. 8, 1929
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Lawrence P. Engel, M. D
1/12, 1929 (Address) 1100 Rialto 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	DATE OF BURIAL
Forest Hill Lawn	Jan 14 1929
20. UNDERTAKER John W Wagner 1409	ADDRESS Grandview

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.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD