

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

Do not use this space.

1701

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
No. 2928 Harrison

File No. 200  
Registered No. 200  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Mrs. Nancy Elizabeth Baker**

(a) Residence No. Kansas mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)  
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) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grover Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
33 6 18

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) \_\_\_\_\_  
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Jeff Ralston

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Kentucky

14. INFORMANT Grover Baker  
(Address) 2928 Harrison

15. FILED 1-21-29 M. M. Crowe  
Asst REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 30th, 1928, to Jan 21st, 1929, that I last saw h.c. alive on Jan 15<sup>th</sup> 1929, and that death occurred, on the date stated above, at 10.45 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Stomach  
4/10/29

CONTRIBUTORY (SECONDARY) Malnutrition

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Do not know

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination  
(Signed) Frank J. Henry, M. D.

1/21, 1929 (Address) 2928 Harrison St

\*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 Autonomy, Cal DATE OF BURIAL 1-22 1929

20. UNDERTAKER Quirk & Tobin ADDRESS 60-20 W Linwood

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.

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