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

Do not use this space.

5369

File No. ____

Registered No. 7

1. PLACE OF DEATH

County Barry Registration District No. 29

Township Flatcreek Primary Registration District No. 5038

City Cassville (No. ____ St. ____ Ward)

2. FULL NAME Sarah E. 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 ____ yrs. ____ mos. ____ ds. How long in U.S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	wh.	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	60	6	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(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) Green Co. Mo

PARENTS

10. NAME OF FATHER Alfred a King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER Nancy Woods

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____

(STATE OR COUNTRY) unknown

14. INFORMANT A J Baker

(Address) Cassville

15. FILED Apr 1 1929 Mrs H.R. Williams Dpt. REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1929 to Feb. 6, 1929, that I last saw h-er alive on Feb. 6, 1929, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Rheumatism Chronic

90 B

51 B

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

CONTRIBUTORY (SECONDARY) Pericarditis

(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) Glenn H Salyer, M. D

Feb 6, 1929 (Address) Cassville 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
Homer Cemetery	2-8- 1929
20. UNDERTAKER Horine Funeral Service	ADDRESS Cassville 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.