

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

Do not use this space.

30310

PLACE OF DEATH

County Cass Registration District No. 156
Township Grand River Primary Registration District No. 4090
City Harrisonville (No. St. Ward)

File No.
Registered No. 114
St. Ward)

2. FULL NAME Emma Florence Baker

(a) Residence, No. St. Ward. Kansas City, Kan
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. — mos. 12 ds. How long in U. S., if of foreign birth? 77 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Carey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 29-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(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) Deer

10. NAME OF FATHER Tommy Brooks

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

12. MAIDEN NAME OF MOTHER Elizabeth George

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

14. INFORMANT Chas F. Baker
(Address) Industrial City, Mo

15. FILED 9/9 29 D. S. Long REGISTRAR
Dr Scott

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1929 to Sept 8 1929
that I last saw her alive on Sept 8 1929 and that death occurred, on the date stated above, at 4:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetic Coma
59

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. H. Scott, M. D.

, 19 (Address) Harrisonville 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
St Joseph Mo. 9/9 1929

20. UNDERTAKER ADDRESS
Remonding Bros Co Harrisonville 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.

CONFIDENTIAL - SECURITY INFORMATION

CONFIDENTIAL - SECURITY INFORMATION