

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

Do not use this space.

Silver Dr
34180 *98*

1. PLACE OF DEATH

County *Jefferson*
Township *Weslaco*
City *Weslaco* (No. *3000*)

Registration District No. *4250*
Primary Registration District No. *5574*

File No. _____
Registered No. *98*
St. _____ Ward _____

2. FULL NAME

Mary Baker

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *widow*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF *Thomas M Baker*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 18 1855*

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hr. _____ min.
	<i>74</i>	<i>9</i>	<i>12</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *housekeeper*
(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) *Missouri*

10. NAME OF FATHER *Elijah Murrell*

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

12. MAIDEN NAME OF MOTHER *Murrell*

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

14. INFORMANT *Geo Baker*
(Address) *Weslaco*

15. FILED *1918 27* *H. H. Roushley*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct 4 1929*

17. I HEREBY CERTIFY, That I attended deceased from _____
Coroner's Inquest
that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
*Cerebral Embolism
or cerebral hemorrhage.
no autopsy performed.*

CONTRIBUTORY (SECONDARY) *arterio-sclerosis*
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS? *Coroner's Inquest*
(Signed) *Halter E. G. ... M. D.*
1929 (Address) *Weslaco, 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

Weslaco Cemetery *Oct 7 1929*

20. UNDERTAKER *Barnhart* ADDRESS *Weslaco Mo*

50
2
7
9
1
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. WHILE FILLING IN, WITH CAREFULNESS.

