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

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

Do not use this space.

36312

File No. 268

Registered No.

1. PLACE OF DEATH
County Boone
Township
City Columbia (No. ... St. ... Ward)

Registration District No. 73
Primary Registration District No. 3006

2. FULL NAME Mary Price Baker

(a) Residence. No. 605 N. 7th St., 1 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: David B. Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 4 — 1862

7. AGE: YEARS 67, MONTHS 1, DAYS 9. If LESS than 1 day, ... hrs. or ... min.

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): Missouri

PARENTS
10. NAME OF FATHER: Rootie Boyd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Nancy Brotzles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Bessie Steffens
(Address): St Louis, Mo.

15. FILED 11-13, 1929 Beatrice Grubbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2a

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 13 — 1929.

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1929, to 11 — 13, 1929, that I last saw h. er alive on 11 — 13, 1929, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia, Lobar Right lung
108
1270
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY): Infected Gall bladder
(duration) 5 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) Stephen D Smith, M. D.
11/13, 1929 (Address) Columbia 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: Harrisburg, Mo.
DATE OF BURIAL: 11-15 1929

20. UNDERTAKER: W H Vandeventer
ADDRESS: Columbia Mo.