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

1095

Do not use this space.

1981

1. PLACE OF DEATH

County: Moniteau — Registration District No.: ~~4556~~ 5770 — File No.:

Township: Moreau — Primary Registration District No.: 1095 — Registered No.:

City: (No.: St.: Ward)

2. FULL NAME Mary A. Baker

(a) Residence. No. (Usual place of abode) St., Ward. (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)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): January 21 1836

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	94	0	2	

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): Germany

PARENTS

10. NAME OF FATHER: John Gay

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Mr. John Baker (Address) Clarksburg Mo

15. FILED 1-6, 1930 J. C. Martin REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-4-1930

17. I HEREBY CERTIFY, That I attended deceased from 1-1-1930, to 1-4-1930, that I last saw her alive on 1-4-1930, and that death occurred, on the date stated above, at 3:8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

93D 90B

1L2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): advance age

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: home of Son

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Stethoscope Exam.

(Signed) R. C. Faris, M. D.

1-5-1930 (Address) Clarksburg 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
Cedrin Cemetery	1-6-1930

20. UNDERTAKER	ADDRESS
Jewell E. Richards	Tipton Mo