

MAR 28 1930

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

Do not use this space.

7523

7539

1. PLACE OF DEATH

County Wright
Township Manassfield
City Manassfield (No. _____)

Registration District No. 907
Primary Registration District No. 4849

File No. _____
Registered No. 5
St. _____ Ward) _____

2. FULL NAME

Anna Beatrice Baker

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

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

Wht.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

William Baker

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

Oct 11 - 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

61

4

17

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)

Penn.

(STATE OR COUNTRY)

10. NAME OF FATHER

Nicholas Phippen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Margaret Edwards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

14.

INFORMANT

(Address)

Raymond Baker
Manassfield Mo.

15.

FILED

Feb 28, 1930

J. A. Fuson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2 / 28 1930

17.

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Feb 28, 1930, that I last saw him alive on Feb 27, 1930, and that death occurred, on the date stated above, at 9:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
+ arterial Sclerosis

several years
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

High Blood pressure
several years
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DATE OF OPERATION PRECEDE DEATH

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. A. Fuson, M. D.
2/28, 1930 (Address) Manassfield 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

Manassfield Penn. Mar. 1 1930

20. UNDERTAKER

ADDRESS

J. A. Steffe Manassfield

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

