

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

Do not use this space.

2393

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME Mrs Mary Francke Baker

(a) Residence. No. 1207 Sneed St. _____
(Usual place of abode)

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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-18-1859

7. AGE 71 YEARS 6 MONTHS 7 DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) Cole Camp
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Henry Francke

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

12. MAIDEN NAME OF MOTHER Alice Otten

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

14. INFORMANT Miss Lizzie Francke
(Address) 1207 Sneed, Sedalia, Mo

15. FILED 1-26-31 J. J. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-25- 1931

17. I HEREBY CERTIFY, That I attended deceased Jan 1931, to Jan 25 1931, and that I last saw Jan 25 1931 alive on Jan 25 1931, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
(duration) _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Not at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) Wm. B. Bismuth M. D.
, 19 _____ (Address) Sedalia

*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 Cole Camp Cemetery DATE OF BURIAL 1-27-31 19

20. UNDERTAKER E. L. Eichkoff ADDRESS Cole Camp

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.

FEB 20 1931

