MAR 25

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

Do not use this space.

6391

1. PLACE OF DEATH

69 County Monroe. Registration District No. 581 File No.

Township Primary Registration District No. 4343 Registered No. 3

3 City Monroe City. (No. , St. Ward)

2 2. FULL NAME Jennie Baker.

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Negro.	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 6th 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	2	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife. 235
(b) General nature of industry, business, or establishment in which employed (or employer) 2
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marion Co
(STATE OR COUNTRY) Missouri 1

PARENTS

10. NAME OF FATHER Wm Smallwood.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Dont Know. 31

12. MAIDEN NAME OF MOTHER Ann Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marion Co.
(STATE OR COUNTRY) Missouri 1

14. INFORMANT Clarence E. Baker
(Address) Monroe City Mo.

15. FILED 2/11, 1931 O W Wilson REGISTRAR
Deputy.

MEDICAL CERTIFICATE OF DEATH 1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1931, to Feb 11th, 1931 that I last saw her alive on Feb 10th, 1931, and that death occurred, on the date stated above, at 8.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 1
Coronary Sclerosis
94B

(duration) 1 yrs. — mos. ds.

CONTRIBUTORY (SECONDARY) 94B

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? 1

(Signed) W. C. Pippin M.D.
Local Health Officer
2/11, 1931 (Address) Monroe City, 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 Howe Cemetary Marion Co. Mo. DATE OF BURIAL 2 14 1931

20. UNDERTAKER Wilson and Son ADDRESS Monroe City Mo.

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.

MAR 16 1942