

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

Do not use this space.

8941

1. PLACE OF DEATH

11 County Washington Registration District No. 86
Township Washington Primary Registration District No. 127
City (No.) (Ward)

File No. 33
Registered No. 33
St. Ward

2. FULL NAME Cora Evelyn Baker,

(a) Residence. No. 11 N.S.W. of City St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 15 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 John H. Baker,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>0</u>	<u>2</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Salem,
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER John Lunsford,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee,

12. MAIDEN NAME OF MOTHER Amanda Williams,

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

14. INFORMANT John H. Baker
(Address) R.F.D.# 7, St. Joseph, Mo.

15. Mar 7 31 J. J. Chrusch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4, 1931

17. I HEREBY CERTIFY, That I attended deceased viewed on
....., 19....., to 19....., and that
that I last saw h..... alive on....., 19....., and that
death occurred, on the date stated above, at..... 2:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
IB (duration) yrs. mos. 10 ds.

CONTRIBUTORY none
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (5)
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS History
(Signed) B. W. Tadlock Coroner, M. D.

4/7 1931 (Address) 821 Francis

*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 St. Jo. Mem. Park Cemetery DATE OF BURIAL April 7 19 31

20. UNDERTAKER Heaton 171/2 S. 11th St. St. Joseph, Mo. ADDRESS 316 S. 10 St. St. Joseph, 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.

MAY 2 1 1931

