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

Do not use this space.

13959

1. PLACE OF DEATH

County Howard — Registration District No. 377 — File No.

Township Boonslick — Primary Registration District No. 5525 — Registered No. 6

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Cauzadie 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: Fe
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 W C Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan - 24 - 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	3	11	

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) Howard Co
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER Hardin Hickom
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Prince
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co
(STATE OR COUNTRY) Mo 1

14. INFORMANT Aaron Baker
(Address) Franklin Mo

15. FILED 4-6, 1931 Thos Finn, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1931, to Apr 4, 1931, that I last saw her alive on Apr 3, 1931, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
59
10 yr
..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Diabetes mellitus
..... (duration) 10 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? None
(Signed) G L Chamberlain M. D
4-6, 1931 (Address) New Franklin

*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: Boonsboro Mo — DATE OF BURIAL: 4-6 1931

20. UNDERTAKER: C S Duncan New Franklin Mo — ADDRESS

MAY 23 1931

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.