

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.

JUN 25 1931

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

Do not use this space.

21096

1. PLACE OF DEATH
37 County Albany Registration District No. 309
1 Township Albany Primary Registration District No. 4185
1 City Albany (Ne. R. R. Hosp.)
2. FULL NAME Audril Florence Baker
(a) Residence, No. Stanley Ward. (If nonresident, give city or town and State)
(Usual place of abode) St. R. R. #1
Length of residence in city or town where death occurred 4 yrs. How long in U. S., if of foreign birth? 4 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1924
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
6 10 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darlington, Mo.
13. NAME W. M. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Darlington, Mo.
15. MAIDEN NAME Hattie Oiler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geary, Mo.
17. INFORMANT W. M. Baker
(ADDRESS) Stanley, Mo. R. R. #1
18. BURIAL, CREMATION, OR REMOVAL Darlington, Mo.
PLACE Kaufman DATE June 9, 1931
19. UNDERTAKER H. G. Hargrett
(ADDRESS) Stanley, Mo.
20. FILED June 9, 1931 H. G. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1931
22. I HEREBY CERTIFY, That I attended deceased from 6-7-1931, to 6-7-1931
I last saw her alive on 6-7-1931. Death is said to have occurred on the date stated above, at 123 p. m.
The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction Date of onset 6-8-31
12-29 222 B
Other contributory causes of importance:
Intussusception
Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Frank H. Rose M. D.
(Address) Albany, Mo.

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