

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

Do not use this space.

23974

**1. PLACE OF DEATH**

County Sullivan  
Township Green City  
City Green City

Registration District No. 849  
Primary Registration District No. 6114

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Mary C. Baker  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 0 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work house wife  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Terre Haute Ind.

10. NAME OF FATHER Ephram Mayes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alabama

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee

(STATE OR COUNTRY)

14. INFORMANT Sherman Guffey

(Address) Green City Mo

15. FILED June 2, 1931 Miss Kate Lane

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to June 4, 1931 that I last saw her alive on May 5, 1931, and that death occurred, on the date stated above, at 7-30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Organic Heart Disease

**CONTRIBUTORY (SECONDARY)**

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

**IF NOT AT PLACE OF DEATH**

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. M. Riggins M. D.

, 19 (Address) Green 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 mt Olivet

DATE OF BURIAL 6/6 - 1931

20. UNDERTAKER Chas E Kent

ADDRESS Green City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 29 1931

