

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.

OCT 22 1931

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

Do not use this space.

30910

1. PLACE OF DEATH

County Monroe
Township Wheatland
City Wheatland

Registration District No. 266
Primary Registration District No. 5-378

File No. _____
Registered No. 831
St. _____ Ward _____

2. FULL NAME

Eliza Aline Baker

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Phelps Co.
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Brookshire
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Phoebe Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT M. C. Baker
(Address) Saline, Mo., R.R.

15. FILED 9/25 31 M. A. Rudolph, Jr., dr.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-24 1931

17. I HEREBY CERTIFY, That I attended deceased from 29 1931 to 8 1931
that I last saw him alive on Sept 24 1931, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
White Grip & carditis
93A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93A (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? Stange Physical
(Signed) W. T. Stange M. D.
9/25 1931 (Address) Saline, 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 Lake Shrig DATE OF BURIAL 9-25 1931

20. UNDERTAKER W. A. H. H. H. ADDRESS 200 Hobbs

