

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

Do not use this space.

5337

1. PLACE OF DEATH

61 County Macon
Township Callow
City _____ (No. _____)

Registration District No. 528
Primary Registration District No. 5704

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

2. FULL NAME

Emma Baker

(a) Residence. No. _____ 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. mos. 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 Shelly Baker

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 1 3 12

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Marion Co, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Mr. Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 31
(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
(STATE OR COUNTRY)

14. INFORMANT Anna King
(Address) Chillicothe, Mo.

15. FILED 7/19 1932 W. A. Berry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1932, to Feb 18, 1932
that I last saw her alive on Feb 17, 1932, and that death occurred, on the date stated above, at 8: A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Pneumonia fever.
(Polar)

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF ①

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical exam.
(Signed) W. A. Berry, M. D.

Feb 19, 1932 (Address) Callow 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

DATE OF BURIAL

Not Buried

Feb 19 1932

20. UNDERTAKER

ADDRESS

J. A. Berry & Son

Callow 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.

MAR 24 1932

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PARENTS

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