

(Last Record)
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

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1. PLACE OF DEATH

90 County Reynolds
 Township Waverly
 City Waverly (No. 321)

Registration District No. 749
 Primary Registration District No. 4050

File No. 4
 Registered No. 4
 St. _____ Ward _____

2. FULL NAME

Hellie Day 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 3 yrs. 6 mos. 14 ds. How long in U. S., if of foreign birth? 5 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Corene Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9</u>		
7. AGE	YEARS <u>31</u>	MONTHS <u>4</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>at time of death</u>	
	11. Total time (years) spent in this occupation <u>1 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Black Mt. W. Va.</u>		
FATHER	13. NAME <u>Gentry Baker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va. W. Va.</u>	
MOTHER	15. MAIDEN NAME <u>Lee Hawkins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reynolds Co. W. Va.</u>	
17. INFORMANT <u>Ollie Hawkins</u> (ADDRESS) <u>Black Mt. W. Va.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Black Cemetery</u> DATE <u>March 24, 1932</u>		
19. UNDERTAKER <u>none</u> (ADDRESS)		
20. FILED <u>March 24, 1932</u> <u>E. M. Fitzpatrick</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to March 23, 1932

I last saw him alive on March 22, 1932. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Enteritis
11B
1208 110
 Other contributory causes of importance:
Influenza

Date of onset

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

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) E. M. Fitzpatrick, M. D.
 (Address) Waverly, W. Va.

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.

