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

Do not use this space.

22015

File No. 686

Registered No.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Daisy D. Baker

(a) Residence, No. ~~LaBelle, Mo.~~ St., Ward. LaBelle, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anthony L. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 5, 1876

7. AGE: Years 56 | Months 4 | Days 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): LaBelle, Mo.

FATHER

13. NAME: Thos. D. Downs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Downs, Ky.

MOTHER

15. MAIDEN NAME: Mary Ellen Zimmerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LaBelle, Mo.

17. INFORMANT (ADDRESS): Von L. Baker, 1212 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: LaBelle, Mo. DATE: July 17, 1932

19. UNDERTAKER (ADDRESS): Walter Meierhoffer, 1302 Faraon St. St. Joseph, Mo.

20. FILED JUL 18 1932 John R. Benders, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 15, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/3, 1932, to July 15, 1932

I last saw her alive on July 15, 1932. Death is said to have occurred on the date stated above, at 9.00 P.M.

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

	Date of onset
Bank acute hysterical	
Endocarditis	
(Shock) cardiac	
N/A	

Other contributory causes of importance: Cerebral hemorrhage 82D

Name of operation: None Date of:

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes

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) N. K. Wallace, M. D.
(Address) 301 No. 8th. St. St. Joseph, Mo.

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.