

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

Do not use this space.

22111

File No. \_\_\_\_\_  
Registered No. 19 St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

13 County Caldwell Registration District No. 96  
Township Lower Primary Registration District No. 5148  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Margaret E 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Baker (12 years)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25 185

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>80</u>	<u>2</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Cross Roads, Perry, Penn.

MOTHER FATHER 13. NAME John Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Penn.

15. MAIDEN NAME Catherine Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry, Penn.

17. INFORMANT Leslie Baker (ADDRESS) Place 5, Babcock

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookridge DATE July 24 1932

19. UNDERTAKER John Stoughton (ADDRESS) Hamilton Ave.

20. FILED Aug. 8 1932 Irene Kemper Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, that I attended deceased from June 15 1932 to July 23 1932.  
I last saw h. e. alive on July 21 1932. Death is said to have occurred on the date stated above, at 6<sup>30</sup> A. M.

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

Chronic Interstitial Nephritis Date of onset \_\_\_\_\_  
Arterio Sclerosis \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Nous Was there an autopsy? No

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Herbert R. Booth, M. D.

(Address) Hamilton 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. AUG 22 1932

