

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 23 1932

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

Do not use this space.

22452

1. PLACE OF DEATH  
 36 County Franklin Registration District No. 296  
 6 Township Meramec Primary Registration District No. 4175  
 2 City Sullivan St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary E. Baker  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 12 yrs. 10 mos. 0 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) widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. Baker, (deceased)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1860  
 7. AGE YEARS 71 MONTHS 10 DAYS 22 IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ 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. \_\_\_\_\_  
 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) Palmy Illinois  
 FATHER  
 13. NAME John D. Stowell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York  
 MOTHER  
 15. MAIDEN NAME Sarah Grove  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire  
 17. INFORMANT (ADDRESS) Goshorn Reed Sullivan, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo DATE July 9, 1932  
 19. UNDERTAKER (ADDRESS) Wm. P. Shadle Sullivan, Mo  
 20. FILED July 9, 1932 J. C. Dwigan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1932  
 22. I HEREBY CERTIFY That I attended deceased from Apr. 19, 1932 to July 7, 1932  
 that saw her alive on July 6, 1932 Death is said to have occurred on the date stated above, at 9 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Cholecystitis of the liver  
and probable Carcinoma of liver.  
 Other contributory causes of importance:  
466 (1)  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis phy diag as 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) Rob. Royal M. D.  
 (Address) Sullivan Mo

