

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.

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

Do not use this space.

25811

1. PLACE OF DEATH
32 County Lehigh Registration District No. 260
Township Grand River Primary Registration District No. 5363
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Maria 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 <u>Female</u>	4. COLOR OF RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>J. P. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jun 28 1864</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>6</u>	DAYS <u>4</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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) <u>Cape Girardeau Mo</u>		
FATHER	13. NAME <u>George Parker</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
MOTHER	15. MAIDEN NAME <u>Furness</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT (ADDRESS) <u>J. P. Baker</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Christian Chapel</u> DATE <u>Aug 14 1932</u>		
19. UNDERTAKER (ADDRESS) <u>O. A. Moore</u>		
20. FILED <u>8-13</u> 19 <u>Winifred W. Moser</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931, to Aug 12 1932
Last saw him alive on Aug 12 1932 Death is said to have occurred on the date stated above, at 9.4 a.m.
The principal cause of death and related causes of importance were as follows:
Capacitance of stomach
46 B
46 B
Other contributory causes of importance:
1

8. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. P. Baker M. D.
(Address) Cameron Mo

