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.

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

Do not use this space.

32396

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 3925

City Kansas City (No. 3619 East 57th St. St. Ward)

2. FULL NAME Martha Evans Baker Smith

(a) Residence, No. 3619 East 57th St. St., 16 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): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1867

7. AGE: YEARS 64 — MONTHS 11 — DAYS 4 — 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.
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) Missouri 1

FATHER

13. NAME Isaac I. E. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri 8

MOTHER

15. MAIDEN NAME Sarah Lavinia Beall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia 2

17. INFORMANT (ADDRESS) Mary B Baker 3619 East 57th

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Forest Hill DATE 10-18 1932

19. UNDERTAKER (ADDRESS) Stone & McClure 3235 Gillham Plaza

20. FILED 10/18 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to Oct 16, 1932

I last saw her alive on Oct 16, 1932 Death is said to have occurred on the date stated above, at P. m. 7:20

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

General Paresis 83
General Paralysis of Insane 91

Date of onset

Other contributory causes of importance:

Arteriosclerosis

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? .....

If so, specify .....

(Signed) David B Robinson M. D.

(Address) 928 Pro Bldg Kansas City Mo