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.

JAN 7 1933

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 34793

Township — Primary Registration District No. 1001 — Registered No. 1058

City St Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Lena B. Baker

(a) Residence, No. 305 East Missouri Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas H Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1902

7. AGE: YEARS 30 — MONTHS 4 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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) Walla Walla Wash.

FATHER

13. NAME William King
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

MOTHER

15. MAIDEN NAME Nancy Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ill.

17. INFORMANT (ADDRESS) Thomas H Baker 305 East Missouri Ave. St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt Auburn Cemetery
PLACE St Joseph Mo. DATE Nov. 5 1932

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St Joseph Mo.

20. FILED NOV 5 1932 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to Nov. 3, 1932

I last saw her alive on Nov. 2, 1932 Death is said to have occurred on the date stated above, at 4 A m.

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

	Date of onset
~~Pulmonary~~ aortic stenosis and aortic regurgitation (Heart rheumatic) 147	11 yrs
144A	
92A	

Other contributory causes of importance:

Pregnancy	8 mo
Toxemia of pregnancy	2 wks

Name of operation Cesarian Section Date of 10-29-32

What test confirmed diagnosis? 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) Thomas Redmond, M. D.

(Address) 302 P.S. Bldg.