

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.

1. PLACE OF DEATH

County Butter
Township
City Poplar Bluff (No. _____)

Registration District No. 89
Primary Registration District No. 3007

File No. 404
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Barbara Lee Baker
(a) Residence, No. _____ St. _____ Ward Champion
(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Champion Mo.
13. NAME Virgil Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
15. MAIDEN NAME Jamita White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Virgil Baker, Champion Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Champion Mo DATE 1-9-1933
19. UNDERTAKER (ADDRESS) Fightland Co., Poplar Bluff
20. FILED Jan 4 1933 J. C. Cline Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-1933
22. I HEREBY CERTIFY, That I attended deceased from 7-8-33 to 1-8-33
I last saw her alive on 1-8-33 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Hyperpyrexia 107.4 Date of onset 1/8/33
11/9
Other contributory causes of importance: Enterocolitis 1/3/33

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. Schubert, M. D.
(Address) Poplar Bluff Mo.

