

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

Do not use this space.

4936

1. PLACE OF DEATH

County Callaway Registration District No. 1104
Township Bowling Primary Registration District No. 5156
City No. St. Ward

File No.
Registered No. 29

2. FULL NAME

Violet 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 7 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 78 | - | - | -
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper
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

FATHER 13. NAME W K

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME W K

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs Wallace Coons
(ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Feb 11, 1933

19. UNDERTAKER Wallace Coons
(ADDRESS) Fulton, Mo

20. FILED Feb 10, 1933 R. N. Coons
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug. 21st, 1931 to Dec. 1st, 1933

I last saw him alive on Aug. 21st, 1931 Death is said to have occurred on the date stated above, at 12:10 Am.

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

Cardiac insufficiency, following rheumatism, etc.

Other contributory causes of importance: Senility, general debilitation

Name of operation Date of

What test confirmed diagnosis? P. E. Was 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? No

If so, specify

(Signed) Greene D. McCall, M. D.

(Address) Fulton Mo.

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.

