

1933

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.

5344

1. PLACE OF DEATH
County Jefferson Registration District No. 312
Township 1 Primary Registration District No. 4188
City St. Louis (No. 1) St. 1 Ward 1

2. FULL NAME Willie Lee Baker
(a) Residence, No. King City St. 1 Ward 1
(Usual place of abode)
Length of residence in city or town where death occurred all of life (If nonresident, give city or town and State) yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amel B Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1892

7. AGE YEARS 40 MONTHS 5 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Jan 1933 11. Total time (years) spent in this occupation all of life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Co. Mo.

13. NAME Amel B Baker

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

15. MAIDEN NAME Amel B Baker

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

17. INFORMANT Amel B Baker (ADDRESS) King City Mo

18. BURIAL, CREMATION, OR REMOVAL North Co. Mo DATE Feb 11 1933

19. UNDERTAKER R. G. Gagnier (ADDRESS) King City Mo

20. FILED Feb 11 1933 A. W. Paucette Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1932 to Feb 9 1933
I last saw h. Er alive on Feb 9 1933 Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma (cervix uteri)
Date of onset Jan 1933

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis? Clemens Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify none
(Signed) A. W. Paucette, M. D.
(Address) King City, Mo

