

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.

6214

1. PLACE OF DEATH

County Jefferson  
Township Jestus  
City Alameda (No. O. Baker)

Registration District No. 421  
Primary Registration District No. 4249

File No. 10  
Registered No. 10  
St. Ward

2. FULL NAME

(a) Residence, No. 6025 Etzel St. Ward  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edw. W. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1884

7. AGE YEARS 40 MONTHS 3 DAYS 28 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Reynolds County (STATE OR COUNTRY) Mo

13. NAME Unknown

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

15. MAIDEN NAME Sarah Carpenter

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

17. INFORMANT Edw. W. Baker (ADDRESS) 6025 Etzel

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 7, 1933

19. UNDERTAKER Chas. H. Stuart (ADDRESS) 1225 Union Blvd.

20. FILED 2/6 1933 J. E. Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from conducted inquest to Feb 4, 1933, 1933

I last saw h. alive on, 1933 Death is said

to have occurred on the date stated above, at m.

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

Verdict of jury as follows: Date of onset

The deceased came to her death as the result of auto accident on Highway No. 61.

Run over by truck crushing her head.

Other contributory causes of importance: 2106

Name of operation 2110 Date of 2110

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, 1933

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 Run over by truck -

Nature of injury Crushed skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Frank Frazier (Signed) M. D.

(Address) Acting Coroner

DEC 5 1950