

Date of death was taken to May 13th.

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

Do not use this space.

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

JUN 23 1933

17879

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis Mo (No. 6314)

Registration District No. 289
Primary Registration District No. 6033B

File No. _____
Registered No. 148 St. _____ Ward _____

2. FULL NAME

Arty Missiey Baker
(a) Residence, No. 6314 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. Abt 68

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

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) St. Francis County Missouri

13. NAME Thomas W. Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis County Missouri

15. MAIDEN NAME Rosina Davenport

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

17. INFORMANT Mc Cullen (ADDRESS) 6314 Etzel Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre Mo DATE May 18 1933

19. UNDERTAKER Pinkie Toney (ADDRESS) 5129 Lucas Ave

20. FILED 5-16-1933 Rolla Guy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1933

22. I HEREBY CERTIFY That I attended deceased from May 7 1933 to May 14 1933

I last saw her alive on May 14 1933 Death is said to have occurred on the date stated above, at 8:30 p. m.

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

Cerebral Apoplexy Date of onset May 13th

Other contributory causes of importance: J2W

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? _____
If so, specify _____

(Signed) W E Harrel M. D.
(Address) 608 Kuykendall ave

Maximilian
608. New York