

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

Do not use this space.

**22116**

**1. PLACE OF DEATH**

108 County Vermon  
Township  
City Bronaugh (No. ....)

Registration District No. 874  
Primary Registration District No. 6151

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Nancy Augusta Baker

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 31, 1842</u>		
7. AGE	YEARS <u>91</u>	MONTHS .....
	DAYS <u>14</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Mo</u>		
MOTHER	13. NAME <u>Robert Gilman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Rhoda Branson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Morris Baker</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Sheldon Mo</u> DATE <u>6-15-1938</u>		
19. UNDERTAKER <u>G. B. Kemp &amp; Sons</u> (ADDRESS)		
20. FILED <u>6-16-1938</u> <u>W. C. Carter</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1938

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1933 to 6-8-1933

I last saw her alive on 6-10-1933. Death is said to have occurred on the date stated above, at 5 a.m.

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

Date of onset

Other contributory causes of importance: 167 162

Name of operation none Date of .....

What test confirmed diagnosis? .....

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? -

If so, specify 770, Combs

(Signed) W. C. Carter, M. D.  
(Address) Bronaugh Mo

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.

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 28 1938

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