

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township 11 Primary Registration District No. 3009
 City St. Francis Hospital (No. St. Francis Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Myrtle May Baker St. _____ Ward _____
 (Usual place of abode) Cape Girardeau (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June-30-1895</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>6</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</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>Keokuk, Iowa</u>		
13. NAME <u>C. G. Sides</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Keokuk, Iowa</u>		
15. MAIDEN NAME <u>Madie Turpin</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>94</u>		
17. INFORMANT (ADDRESS) <u>Edna Baker</u> <u>Cape Girardeau, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cape Girardeau, Mo</u> DATE <u>1-11</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Harris Funeral Home</u> <u>Cape Girardeau, Mo</u>		
20. FILED <u>1-11-34</u> <u>St. Francis Hospital</u> Registrar		

5. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-3 1934 to 1-9 1934

I last saw her alive on 1-9 1934. Death is said to have occurred on the date stated above, at 6 a. m.

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

~~Myocarditis~~
Myocarditis
Ch. Curdine
Operation
121

Other contributory causes of importance:
Goitre

Name of operation Operation Date of 1-9-34

What test confirmed diagnosis? _____ 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) St. Francis Hospital, M. D.
 (Address) Cape Girardeau, Mo

