

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 and other state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 24 1934

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

Do not use this space.

5456

1. PLACE OF DEATH

County Johnson
Township Jefferson
City (No. _____) _____

Registration District No. 14
Primary Registration District No. 5587

File No. _____
Registered No. 2 St. _____ Ward _____

2. FULL NAME Lola M. Baker

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Baker				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 31-1880				
7. AGE	YEARS 53	MONTHS 5	DAYS 5r	IF LESS than 1 day, (hrs. or min.)
OCCUPATION	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. 110			
	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) Johnson County				
FATHER	13. NAME John Craig			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
MOTHER	15. MAIDEN NAME Marette Hearnis			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar County			
17. INFORMANT Mr Frank Baker (ADDRESS) Leeton, Missouri R.F.D				
18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo. DATE 2-7-34				
19. UNDERTAKER MUSTON'S FUNERAL CHAPEL (ADDRESS) Windsor Missouri				
20. FILED 2-8 19 34 Deming Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 6-34**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 1**, 19**34** to **Feb 5th**, 19**34**
I last saw her alive on **Feb 5th**, 19**34** Death is said to have occurred on the date stated above, at **4 P. m.**
The principal cause of death and related causes of importance were as follows:
Profuse Hemorrhage from the the Stomach (ulcer) Superfening and with an attack of acute Brumelitis
Other contributory causes of importance: **Had had stomach trouble several years**

Name of operation **None** Date of _____
What test confirmed diagnosis? **None** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), file 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? **No**
If so, specify _____
(Signed) **John T. Anderson**, M. D.
(Address) **Waversburg, Mo**

