

OCT 25 1934

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

Do not use this space. (2)

1. PLACE OF DEATH

County Saline
Township Albion
City Nelson, Mo (No.)

Registration District No. 798
Primary Registration District No. 6042

File No. 7405-8
Registered No.
St. Ward)

2. FULL NAME Mrs. J. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John M. Baker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6, 1866</u>				
7. AGE	YEARS <u>67</u>	MONTHS <u>7</u>	DAYS <u>4</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>Housekeeper</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>Missouri, Mo</u>				
FATHER	13. NAME <u>R. M. Campbell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Matilda Shelton</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Mrs. W. Alexander</u> (ADDRESS) <u>Nelson, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nelson, Mo</u> DATE <u>Feb. 11, 1934</u>				
19. UNDERTAKER <u>J. L. Swamy</u> (ADDRESS) <u>Neyappah Mo</u>				
20. FILED <u>Oct. 20, 1934</u> <u>C. G. Johnson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1927 to Feb 10, 1934
I last saw her alive on Feb 16, 1934 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Aortic Stenosis and Regurgitation
Date of onset

Other contributory causes of importance
Atherosclerosis

Name of operation

Date of

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

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) J. W. Stauffer, M. D.
(Address) Nelson Mo

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.

