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

Do not use this space.

File No. 16440

Registered No.

1. PLACE OF DEATH
County: Greene
Township: Walnut Grove
City: Walnut Grove Rt. (No. ..... St. ..... Ward)
Registration District No. 325
Primary Registration District No. 345-0

2. FULL NAME: Agnes Orile 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 26 yrs. 4 mos. 29 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: Boyd Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 13-1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	4	29	

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.:
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): Greene County Missouri

FATHER
13. NAME: Emory O Kirk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene County Missouri

MOTHER
15. MAIDEN NAME: Mary E Goodman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): E O Kirk Walnut Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kelly Cemetery DATE: 5-16, 1934

19. UNDERTAKER (ADDRESS): Sim Sturgeon & Son Walnut Grove Mo

20. FILED: 5-16, 1934 L E McClelland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1934, to May 12, 1934
I last saw her alive on May 12, 1934. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	about
1 3 8	Unknown

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) H. K. Cowen, M. D.
(Address) Ash Grove Mo.

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

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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Greene — Registration District No. 325 — File No.
Township — Primary Registration District No. 5450 — Registered No.
City (No. , St. Ward)

2. FULL NAME Agnes Orrell Baker
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE — YEARS 26 — MONTHS 4 — DAYS 20 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 L E McClure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19
I last saw h alive on 19. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Chronic
Nephritis
Date of onset don't know

Other contributory causes of importance:

Date of onset

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?
If so, specify
(Signed) H. K. Cowden, M. D.
(Address) Ash Grove Mo.

SUPPLEMENTARY

REGISTRAR'S SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-16440