

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

Do not use this space.

17006

File No. 8374
 Registered No. _____
 St. _____ Ward _____

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City, (No. 3717 Belleview) St. _____ Ward _____

2. FULL NAME Emily D. Baker
 (a) Residence, No. 3717 Belleview 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alden A. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30, 1954</u>		
7. AGE	YEARS	MONTHS
	<u>88</u>	<u>7</u>
		DAYS
		<u>10</u>
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</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>Maine</u>		
MOTHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Frank A. Baker</u> (ADDRESS) <u>3740 Walnut St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>B. Knwood Cemetery</u> DATE <u>6/2</u> 19 <u>34</u>		
19. UNDERTAKER <u>Stone & McChesney</u> (ADDRESS) <u>3232 Williams</u>		
20. FILED <u>5-31</u> 19 <u>34</u> <u>M. M. Crow</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1931, to _____, 19____
 I last saw her alive on May 30 19____. Death is said to have occurred on the date stated above, at _____ P. 1:25 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
936
5217
Central Anomalous
 Date of onset Nov 23/34

Other contributory causes of importance: _____

Name of operation NONE Date of _____
 What test confirmed diagnosis? PHYSICAL Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO Date of injury _____, 19____
 Where did injury occur? NONE (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) [Signature] M. D.
 (Address) 1318 Broad

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.

JUN 19 1934

MATERIAL RESERVED FOR BINDING

100M-11-24-33
 V. S. NO. 2

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VI-13