

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

20049

1. PLACE OF DEATH

County GasconadeRegistration District No. 304Township GasconadePrimary Registration District No. 2421City Gasconade (No.)File No. 41

Registered No.

St. Ward)

2. FULL NAME

Ida May 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 OFHarrison Baker

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

Apr 7 - 1885

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, ... hrs.
or min.49221

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Hoof9. 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)Linn mo

FATHER

13. NAME

A. J. Tyree14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

MOTHER

15. MAIDEN NAME

R. Lairmore16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)unknown17. INFORMANT
(ADDRESS)Harrison Baker
Gasconade mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gasconade Cems DATE 6/30/3419. UNDERTAKER
(ADDRESS)Hugo Blummer
Nerghaus mo

20. FILED

7-12 1934 F. P. Kicker
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from

June 17th 1934, to June 28th 1934I last saw her alive on June 25th 1934. Death is saidto have occurred on the date stated above, at 7⁴⁵ P. M.

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

Date of onset

Embolism ✓ 6/27/34

Other contributory causes of importance:

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?

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) W. S. Rowley

, M. D.

(Address) Chambers mo

JAN 15 1935

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

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lacleade
Township Lacleade
City Lacleade (No.)

Registration District No. 304
Primary Registration District No. 5421

File No. 200.49
Registered No. 47
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than min.
19 2 21

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) time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 7-2 1934 F. R. Kieck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him 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:

Embalmer
Cirrhosis

Date of onset

Other contributory causes of importance

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) , M. D.

(Address)

THE STATE BOARD OF HEALTH
MISSOURI

RECEIVED
JUN 15 1935

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JUN 15 1935