

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

Do not use this space.

1. PLACE OF DEATH

County Vernon
Township Clear Creek
City..... (No.) Ward.....

Registration District No. 880
Primary Registration District No. 614E

File No. 22948
Registered No. 13

2. FULL NAME

Margaretta Alice 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>D. S. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC. 26-1861</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>6</u>
	DAYS <u>3</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>Farmers wife</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 <u>all life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co., Mo</u>		
FATHER	13. NAME <u>Enoch Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Harriet Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co., Mo</u>	
17. INFORMANT (ADDRESS) <u>D. S. Baker Walker</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wm. Harmon Pleasant</u> DATE <u>June 20 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Nefus - El Dorado Spr.</u>		
20. FILED <u>June 29 1934</u> <u>C. B. Davis</u> Registrar.		

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1934

22. I HEREBY CERTIFY, that I attended deceased from

April 14, 1934, to June 29th, 1934

I last saw her alive on June 29th, 1934. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Aortic regurgitation
and 12-13 Annual Asthma several months

Date of onset
No nothing
months

Other contributory causes of importance:

Extreme hot weather

Name of operation none Date of.....
What test confirmed diagnosis?..... 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) E. H. Diston, M. D.
(Address) Nevada, Mo.

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.

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