

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

Do not use this space.

24811

1. PLACE OF DEATH

County Jackson Registration District No. 2007
 Township North Primary Registration District No. 66E
 City N.P. No. (No. 4615 Forest) St. _____ Ward _____

2. FULL NAME

Alice A. Baker
 (a) Residence, No. 4615 Forest 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>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William J. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 21 1860</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>5</u>	DAYS <u>4</u>
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) <u>Virginia</u>		
13. NAME <u>Johnson & Haines</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Mary A. Hagan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.</u>		
17. INFORMANT (ADDRESS) <u>Maggie Jones 4615 Forest</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winchester</u> DATE <u>July 26/34</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. E. T. Hester 918 Broadway Ave</u>		
20. FILED <u>7-25-34</u> M. M. Carrowe <u>Asst. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 25 - 1934

22. I HEREBY CERTIFY That I attended deceased from July 22, 1934, to July 24, 1934.
 I last saw her alive on July 24, 1934. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Heat Prostration
191

Other contributory causes of importance:
191

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) Lee James, M. D.
 (Address) 4636 Forest

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.

AUG 21 1934

1934 10 25 04

