

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.

NOV 20 1934

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

Do not use this space.

35182

1. PLACE OF DEATH

County Bates
Township Rockville
City Rockville

Registration District No. 5-4
Primary Registration District No. 4002

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME

LYDIA E. BAKER

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 7 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1853
7. AGE YEARS 80 MONTHS 9 DAYS 19 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation none

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

13. NAME John Baker

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

15. MAIDEN NAME Margaret Freeman

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

17. INFORMANT A. J. Haselbusch
(ADDRESS) Rockville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Prairie City DATE Oct 9 1934

19. UNDERTAKER Frank Lee
(ADDRESS) Appleton City

20. FILED Oct 9 1934 Wm. A. B. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1/6 1932, to Oct 7 1934

I last saw him alive on Oct 6 1934. Death is said to have occurred on the date stated above, at 12 m.

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

myocarditis, cardiac insufficiency, hypothyroidism and senility.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) A. J. Haselbusch M. D.

(Address) Rockville Mo.

