

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

Do not use this space.

38977

1. PLACE OF DEATH

32 County DeKalb
Township Washington
City Washington (No.)

Registration District No. 261
Primary Registration District No. 3360B

File No.
Registered No. 16
St. Ward

2. FULL NAME

Elanora 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>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF— <u>Milton Baker</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-20-1844</u>					
7. AGE		YEARS <u>90</u>	MONTHS <u>-9-</u>	DAYS <u>7</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>Housekeeping</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>				
	10. Date deceased last worked at this occupation (month and year) <u> </u>				
11. Total time (years) spent in this occupation <u> </u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co Mo.</u>					
FATHER	13. NAME <u>Joseph Vance</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
MOTHER	15. MAIDEN NAME <u>Mary Thomas</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>				
17. INFORMANT (ADDRESS) <u>Mr Robert Baker</u> <u>Stewartville Mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Freeman Chapel</u> DATE <u>Nov 28</u> 19 <u>34</u>					
19. UNDERTAKER (ADDRESS) <u>J. E. Sander</u> <u>Stewartville Mo</u>					
20. FILED <u>Nov 28</u> 19 <u>34</u> <u>J. E. Sander</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1934 to Nov 27 1934
I last saw him alive on Nov 26 1934 Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
10/18/34
Date of onset 11-18-34

Other contributory causes of importance: 107a

Name of operation None Date of Y

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury 19
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. E. Sander M. D.
(Address) Stewartville Mo

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.

