

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.

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

Do not use this space.

JAN 1 2 1935

1. PLACE OF DEATH

County PolkRegistration District No. 449Township SalmonPrimary Registration District No. 5609

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME Eva Louella 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 M4. COLOR OR RACE W5. 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) April 19-1922

7. AGE

YEARS 12MONTHS 8DAYS 8

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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 at home12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salmon

MOTHER FATHER

13. NAME Claud Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co15. MAIDEN NAME Lena Hoskins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salmon17. INFORMANT (ADDRESS) Mr. Claud Baker

18. BURIAL, CREMATION, OR REMOVAL

PLACE SalmonDATE Dec 2519. UNDERTAKER (ADDRESS) J. A. McCumb20. FILED 12/27/34

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 193422. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1934, to Dec 25, 1934I last saw him alive on Dec 24, 1934 Death is saidto have occurred on the date stated above, at 4:30 a.m.

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

Date of onset

Lobar Pneumonia

Other contributory causes of importance:

Measles

Name of operation _____

Date of _____

What test confirmed diagnosis? Physic 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) J. H. Scott

M. D.

(Address) Lebanon, Mo.

