

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.

FILE 20 1935

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

Do not use this space.

1. PLACE OF DEATH Callaway,
County..... Registration District No. 104
Township Burbon, Primary Registration District No. 5156
City..... (No....., Ward)
2. FULL NAME Mrs, Mary Cassandra 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.

393-1
File No.....
Registered No. 23

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 9-1845
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 1 17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife,
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) Mo,
13. NAME Jerry West Miller,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky,
15. MAIDEN NAME Mary Taylor Baker,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo,
17. INFORMANT (ADDRESS) Mrs, West Scruggs, R, F, D, #1111, Fulton, Mo,
18. BURIAL, CREMATION, OR REMOVAL PLACE Millersburgh DATE Jan, 27-1935
19. UNDERTAKER (ADDRESS) Herndon-Taylor Furn-Co, Fulton, Mo,
20. FILED Jan 26 1935 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 26th, 1935
22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 11, 30A, M,
The principal cause of death and related causes of importance were as follows:
Old age, Constipation Date of onset 1/27/35
123d
Other contributory causes of importance: Indigestion second grade
Name of operation..... 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 X, 19X
Where did injury occur? Home (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) C. H. Christian, M. D.
(Address) Fulton Mo,

