

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

FEB 20 1935

**1. PLACE OF DEATH**

County Cape Girardeau Registration District No. 125  
 Township Cape Girardeau Primary Registration District No. 3009  
 City Cape Girardeau East Mo Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. 425  
 Registered No. 20

**2. FULL NAME**

Mary Angeline Baker

(a) Residence, No. 1022 Locust 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<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Mollie Baker</u>   |  |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>March-10-1869</u>                       |  |   |
| 7. AGE YEARS<br><u>65</u>   | MONTHS<br><u>10</u>  | DAYS<br><u>10</u>   |
| If LESS than 1 day, _____ hrs. or _____ min.  |  |   |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>House Work</u> |   |
|   | 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)<br><u>Bersville Bollinger Co. Mo</u> |  |   |
| MOTHER  | 13. NAME<br><u>Daniel Bess</u>   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Bollinger Co Mo</u>                                       |   |
|   | 15. MAIDEN NAME<br><u>Caroline Masters</u>   |   |
| FATHER  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Bollinger Co Mo</u>                                       |   |
|   | 17. INFORMANT (ADDRESS)<br><u>Alvin Baker Cape Girardeau Mo</u>  |   |
|   | 18. BURIAL, CREMATION, OR REMOVAL PLACE<br><u>Old Apple Creek Cem</u> DATE <u>Jan-23</u> 19 <u>35</u>            |   |
| 19. UNDERTAKER (ADDRESS)<br><u>Hampson's Funeral Home Cape Girardeau Mo</u>           |  |   |
| 20. FILED <u>Jan 20 1935</u> <u>J. M. Hampson</u> Registrar.                          |  |   |

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-20 1935

22. I HEREBY CERTIFY that I attended deceased from Dec 10 1934, to Jan-20 1935

I last saw him alive on Jan 20 1935 Death is said to have occurred on the date stated above, at 6:40 p.m.

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

Bronchiae Decend

107a

Other contributory causes of importance:

Suppurative Hemorrhage

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) H. J. Choctaw M. D.  
 (Address) Cape Girardeau Mo.

