

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

FEB 15 1935

m-nut
 Do not use this space.

2415

1. PLACE OF DEATH

County **Pottaw**

Township **Bowling Green**

City **Beaman**

Registration District No. **670**

Primary Registration District No. **5893**

(No. **RFD # 1**)

File No.

Registered No.

St. Ward)

2. FULL NAME **Clara Baker**

(a) Residence, No. **Beaman RFD # 1**

(Usual place of abode)

St. Ward.

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

A.R. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 27 1858

7. AGE

YEARS

76

MONTHS

11

DAYS

0

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home

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)

Pa.

13. NAME

A.J. Lane

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

N.Y.

15. MAIDEN NAME

Allie Falls

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

N.Y.

17. INFORMANT

(ADDRESS)

A.R. Baker

Beaman Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Salina

DATE

Jan. 29

19

35

19. UNDERTAKER

(ADDRESS)

Gillespie Funeral Home

Sedalia Mo.

20. FILED

2-8

1935

Glossie Ferguson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 27. 35** 19

22. I HEREBY CERTIFY That I attended deceased from

Jan 27 19**35** to **Jan 27** 19**35**

I last saw him alive on **Jan 26** 19**35** Death is said

to have occurred on the date stated above, at **a. m.**

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

Chronic myocarditis
(angina pectoris)

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis? **Chlorine** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **No** Date of injury, ... 19

Where did injury occur? **No** (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) *Chas. M. ...* M. D.

(Address) *Sedalia Mo*

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.

SEP 9 1962