

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

Do not use this space.

FEB 28 1935

2457

1. PLACE OF DEATH

County Pike

Registration District No. 689

Township Louisiana

Primary Registration District No. 2033

City Louisiana

(No. Louisiana Mo)

St.

Ward)

2. FULL NAME

Laura Bell Baker

(a) Residence, No. Louisiana

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

Female

4. COLOR OR RACE

Colored

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Charley Baker

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

Dec. 25 - 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

68

0

16

OCCUPATION

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

Housewife

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)

Baton Rouge - La.

FATHER

13. NAME

George Taylor

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

Quincy - La.

MOTHER

15. MAIDEN NAME

Caroline Hubbard

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

Baton Rouge - La.

17. INFORMANT (ADDRESS)

Blanche Florence Bowling Green - Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Jan 13

1935

19. UNDERTAKER (ADDRESS)

M. F. Smith - Louisiana

20. FILED

712

1935

J. Chalmers

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

1-11-

1935

22. I HEREBY CERTIFY, That I attended deceased from

1-1-

1935, to

1-11-

1935

I last saw him alive on 1-10, 1935. Death is said

to have occurred on the date stated above, at 12:30 a.m.

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

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation

Exsanguination

Date of

1-5-35

What test confirmed diagnosis?

Autopsy

Was there an autopsy?

Yes

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

Accident, suicide, or homicide? Date of injury

1935

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

none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

C. J. Chalmers

M. D.

(Address)

Louisiana

