

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.

MAY 25 1935

1. PLACE OF DEATH
 County Grundy Registration District No. 328
 Township Greenton Primary Registration District No. 3017
 City Greenton (No. _____) St. _____ Ward _____

2. FULL NAME Angeneta 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 71 yrs. 11 mos. 5 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sherman Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>11</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-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) Grundy Co Missouri

13. NAME John A. Linn

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

15. MAIDEN NAME Mary Smith

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

17. INFORMANT Phena Baker
(ADDRESS) Greenton, Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE N. of P. cem. Greenton DATE April 22, 1935

19. UNDERTAKER Raymond A. Davis #3424
(ADDRESS) Greenton, Mo

20. FILED 4-22-35 Jene S. Fair
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20th, 1935

22. I HEREBY CERTIFY, that I attended deceased from August 1st, 1935, to April 19th, 1935
 I last saw her alive on April 19th, 1935. Death is said to have occurred on the date stated above, at 3:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
mitral stenosis with
decompensation
 Date of onset 1925

Other contributory causes of importance:
Secondary anemia
Chronic Bronchitis
 Date of onset 1934
1925

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) Oliver F. Duffy, M. D.
 (Address) 811 1/2 main, Greenton, Missouri

