

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.

JUL 13 1935

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

Do not use this space.

19334

1. PLACE OF DEATH

County DeKalb Registration District No. 259 File No. _____
Township Camden Primary Registration District No. 4156 Registered No. _____
City Amity (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Isabelle Jane Baker

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 30 1856</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>7</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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) <u>DeKalb Co</u> (STATE OR COUNTRY)		
13. NAME <u>In Fredrick Baker</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Rachael Harris</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Kentucky</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Belle McCartney</u> (ADDRESS) <u>Amity Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Amity Cem</u> DATE <u>6/8-35</u> 19. _____		
19. UNDERTAKER <u>U. G. Pilcher</u> (ADDRESS) <u>Maysville Mo</u>		
20. FILED <u>June 24 1935</u> <u>Miss Nettie Gibson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-16-16, 1935, to 6-6, 1935
I last saw him alive on 6-5, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Thrombosis
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Chondriosis 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) [Signature] M. D.
(Address) Maysville Mo

