JAN 3 1935

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

Do not use this space.

40018

1. PLACE OF DEATH
County Jefferson Registration District No. 422
Township Central Primary Registration District No. 5577
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Ella 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 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 – 1860

7. AGE YEARS 75 MONTHS 8 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) 2
11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER
13. NAME Wm Dahl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexandria Va.

MOTHER
15. MAIDEN NAME Anna Reilly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City N.Y.

17. INFORMANT (ADDRESS) Melvin W Baker Hillsboro Mo R#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glade Chapel Cem DATE Dec 26 1935

19. UNDERTAKER (ADDRESS) J H Brimmer House Springs Mo

20. FILED Dec 26 1935 C Roy Marsden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1935 to Dec 23 1935
I last saw her alive on Dec 23 1935. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	Dec 18
Other contributory causes of importance:	
Bronchial Pneumonia	12-20

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) J. N. Barnett, M. D.
(Address) Hillsboro Mo

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

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.