FEB 18 1936

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

Do not use this space.

528 8

1. PLACE OF DEATH
County Cass
Township Raymore
City (No. RFD - Belton Mo St. Ward)
Registration District No. 1-1
Primary Registration District No. 2212
File No.
Registered No.

2. FULL NAME Ella May Baker
(a) Residence, No. RFD-Belton Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF W. E. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-14-1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	56	11	19	

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. At Home
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) West-Virginia

FATHER
13. NAME -Copeland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va,

MOTHER
15. MAIDEN NAME No data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

17. INFORMANT (ADDRESS) W. E Baker Rte 2 Belton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Valley DATE Jan 1936

19. UNDERTAKER Neav Stanley Kas. H. E Julien
(ADDRESS) Olathe Ks

20. FILED 1-10 1936 Mrs. Gertrude Foster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 19 32, to Jan 9 - 1936
I last saw h alive on Jan 6 - 1936 Death is said to have occurred on the date stated above, at 1 D. 30 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus — Date of onset multiple

Other contributory causes of importance:

Name of operation Hysterectomy Date of
What test confirmed diagnosis? Pathological 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? —
(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) R. F Hammond, M. D.
(Address) Marion City 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.

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

MARGIN RESERVED FOR BINDING

FORM NO. 2
100M-11-24-33

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH [illegible]

I HEREBY CERTIFY [illegible]

[illegible]