

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

Do not use this space.

4884

1. PLACE OF DEATH MAR 17 1936
 County Callaway Registration District No. 104 File No. _____
 Township Bourbon Primary Registration District No. 5156 Registered No. 37
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary Allace 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.

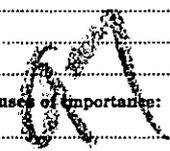
PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/19 1850</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>8</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</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) (STATE OR COUNTRY) <u>Mo.</u>				
FATHER	13. NAME <u>Benjamin Baker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>			
MOTHER	15. MAIDEN NAME <u>Margrie Miller</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>ny.</u>			
17. INFORMANT (ADDRESS) <u>R.O. Baker</u> <u>Fulton Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>White Cloud Church</u> <u>2/6 36</u> ¹⁹				
19. UNDERTAKER (ADDRESS) <u>Herndon Taylor</u> <u>Fulton Mo.</u>				
20. FILED <u>2-5-</u> <u>1936</u> <u>R. H. Owen</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from for the past 8 or 10 years, 19____
 I last saw him alive on Feb 2nd, 1936. Death is said to have occurred on the date stated above, at 1.30 A.M.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
 Date of onset _____

Other contributory causes of importance:


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) R. H. Owen, M. D.
 (Address) Fulton 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.

