

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

Do not use this space.

APR 16 1936

9684

1. PLACE OF DEATH

County Cass

Registration District No. 157

File No. _____

Township _____

Primary Registration District No. 4091

Registered No. 11

City Pleasant Hill, Mo. (No. _____)

St. _____ Ward) _____

2. FULL NAME

Bellie Gordon 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF <u>Russell Baker (Dec.)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-12-1857</u>		
7. AGE <u>79</u>	YEARS <u>1</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		11. Total time (years) spent in this occupation _____
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) _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Giles Co. Tennessee

13. NAME Lynn Gordon

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lynn Baker - Pleasant Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE 3/18-36

19. UNDERTAKER (ADDRESS) Home Funerals Home - Pleasant Hill Mo.

20. FILED 3-18-1936 Mrs. Etta M. Aldridge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-15-1936

22. I HEREBY CERTIFY, That I attended deceased from 1910 - 1936, to Mar-15-1936

I last saw her alive on Mar-15-1936. Death is said to have occurred on the date stated above, at P. M.

The principal cause of death and related causes of importance were as follows:

uterine Fibroid Date of onset _____

Other contributory causes of importance: 54-6

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county, and State)

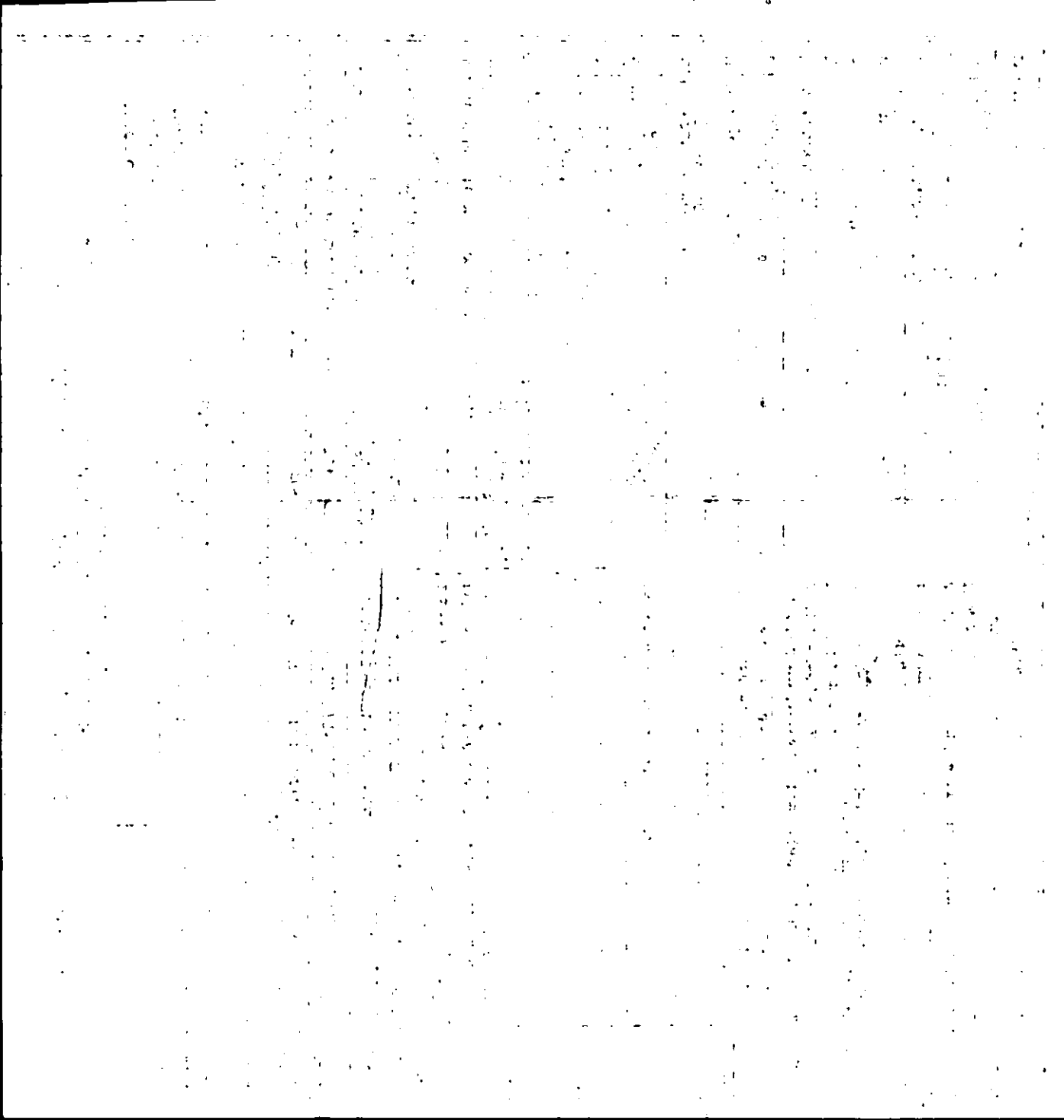
Specify whether injury occurred in industry, in home, or in public place.

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. Aldridge, M. D.

(Address) Pleasant Hill Mo



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1. PLACE OF DEATH

County Cass

Registration District No. 157

File No.

Township Pleasant Hill

Primary Registration District No. 4091

Registered No.

City Pleasant Hill

St. Ward)

2. FULL NAME

Bettie Gordon 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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
79 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED March 18, 1936 Mr. Etta M. Aldridge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1936

22. I HEREBY CERTIFY, That I attended deceased from

to, 19...

I last saw him alive on, 19... Death is said

to have occurred on the date stated above, at, m.

The principal cause of death and related causes of importance were as follows:

Vitruine Fibrosis Date of onset

Not Malignant

Other contributory causes of importance: 24 hr

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) P. A. Baldry M. D.

(Address) Pleasant Hill Mo

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