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 21 1936

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

Do not use this space.

10316-1

1. PLACE OF DEATH
County: Henry
Township: White Oak
City: Urich (No. ..... St. ..... Ward)

Registration District No. 347
Primary Registration District No. 5495

File No.
Registered No.

2. FULL NAME: Carrie Alice 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 26 yrs. — mos. — ds. How long in U. S., if of foreign birth? 67 yrs. 3 mos. 26 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 2nd 1868

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own 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) Illinois

FATHER
13. NAME Miles Stewart Taylor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
15. MAIDEN NAME Deliniah Jane Bratton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) N. H. Erwin Urich Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Urich Cem DATE March 29, 1936

19. UNDERTAKER (ADDRESS) [illegible] Urich Mo

20. FILED 7-11, 1936 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 6th, 1936, to March 28, 1936

I last saw h. ..... alive on March 28th, 1936. Death is said to have occurred on the date stated above, at 11 30 A m.

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

	Date of onset
Angina Pectoris	3/6-36
Coronary Sclerosis	3 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical 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) J. F. McDonald, M. D.
(Address) Urich Mo