

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 Registration District No. 347
Township White Oak Primary Registration District No. 5495
City Utich (No. _____) St. _____ Ward _____

No. _____
Registered No. _____

2. FULL NAME

Carrie Alice Baker

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 3 26

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

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 _____

Pneumonia Pectoris 3/6-36
Coronary Sclerosis 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Other contributory causes of importance:
AWA

FATHER
13. NAME Wm. Stewart Taylor

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

MOTHER
15. MAIDEN NAME Delinah Jane Brutton

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT (ADDRESS) W. H. Erwin
Utich Mo

Manner of injury _____
Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER (ADDRESS) Christy

If so, specify _____ (Signed) J. J. McDonald, M. D.

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

(Address) Utich 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.

RECORD THIS IS A PERMANENT RECORD

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes the use of specialized software tools and manual review processes. The goal is to identify any discrepancies or anomalies that might indicate errors or fraud.

The third part of the report focuses on the results of the analysis. It presents a series of tables and charts that illustrate the distribution of the data. Key findings include a high level of consistency in the majority of entries, with a few notable outliers that require further investigation.

Finally, the document concludes with a series of recommendations for improving the data collection process. These include implementing more rigorous training for staff, upgrading the software used for data entry, and conducting regular audits to ensure ongoing accuracy.

The author expresses confidence that these measures will lead to a more reliable and efficient data management system. It is hoped that the findings of this report will be useful to other organizations facing similar challenges.

The document is signed by the author, who is a professional in the field of data analysis. The date of completion is noted as the end of the reporting period.

The final section contains the author's contact information and a statement of confidentiality. It is noted that the data presented in this report is for internal use only and should not be shared with external parties without proper authorization.