

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.

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

Do not use this space.

11985

APR 23 1936

1. PLACE OF DEATH

County PolkRegistration District No. 703Township JohnsonPrimary Registration District No. 4424City Huntsville, Mo. (No. _____)

File No. _____

Registered No. _____

St. _____ Ward) _____

2. FULL NAME Jessie Myrtle 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>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____ | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5-1907</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>28</u> | <u>7</u> |
| | | DAYS |
| | | <u>11</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>Nurse</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> | | |
| MOTHER | 13. NAME <u>Thomas R. Baker</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Virginia</u> | |
| | 15. MAIDEN NAME <u>Euphemia Fisher</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | |
| 17. INFORMANT <u>Mrs. J. J. Baker</u> (ADDRESS) <u>Huntsville, Missouri</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | |
| PLACE <u>City Cemetery</u> DATE <u>Mar 17 1936</u> | | |
| 19. UNDERTAKER <u>Ralph A. Kossich</u> (ADDRESS) <u>Huntsville, Missouri</u> | | |
| 20. FILED <u>Mar. 16 1936</u> <u>Ora M. Rich</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

| |
|--|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Mar 16 1936</u> |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>Aug 12 1935</u> to <u>Mar 16 1936</u> I last saw her alive on <u>Mar 15 1936</u> . Death is said to have occurred on the date stated above, at <u>12:50 A.M.</u> The principal cause of death and related causes of importance were as follows: <u>Osteomyelitis Right Femur 8-12-35</u> Date of onset _____ Other contributory causes of importance: <u>154</u> |
| Name of operation <u>Excision Drain</u> Date of <u>Sept 9 35</u> What test confirmed diagnosis? <u>X-ray</u> Was there an autopsy? <u>no</u> |
| 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? <u>No</u> If so, specify _____ (Signed) <u>A. J. Stuppelbauer</u> , M. D. (Address) <u>Huntsville Mo</u> |

