

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.

MAY 27 1936

1. PLACE OF DEATH St. Charles
 County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3036
 City St. Charles (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Francis Baker
 (a) Residence, No. 700 S. Main 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. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

16606

File No. _____
 Registered No. 17
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> <small>(write the word)</small>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. J. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 5, 1845</u>		
7. AGE	YEARS	MONTHS
<u>90</u>	<u>8</u>	<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		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) <u>Marshall, Mo.</u>		
13. NAME <u>Lewis Grace</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Plant Hill, Mo.</u>		
15. MAIDEN NAME <u>Mrs. Cox</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Plant Hill, Mo.</u>		
17. INFORMANT <u>W. T. Baker</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright City</u> DATE <u>April 27, 1936</u>		
19. UNDERTAKER <u>Bennett & Mackay</u> (ADDRESS)		
20. FILED <u>7/28</u> 19 <u>36</u> <u>E. D. Hessler</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 22 1936 to April 28 1936
 I last saw her alive on April 26 1936. Death is said to have occurred on the date stated above, at 3:00 a.m.
 The principal cause of death and related causes of importance were as follows:

<u>Hypertension and Coronary Disease</u>	Date of onset
<u>Arteriosclerosis</u>	<u>2</u>
<u>Senility</u>	<u>2</u>

Other contributory causes of importance:
Pneumonia 1 week ago

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chinise 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) R. O. Hayden _____, M. D.
 (Address) St. Charles, Mo.

