

Dr. Bedford

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

Do not use this space.

18956

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township Primary Registration District No. 3614
 City Jefferson (No., St. Ward)

File No.
 Registered No. 153

2. FULL NAME Mrs. Sarah Ann 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-12-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 2 6

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

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) Tipton, Mo.13. NAME Thomas F. Petree14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina15. MAIDEN NAME Mary Ebbert16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina17. INFORMANT Mrs. D. B. Calhoun
(ADDRESS) Jefferson City, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE High Point, Mo. DATE May--20--193619. UNDERTAKER (ADDRESS) Wm. K. Gordon
Jefferson City, Mo.20. FILED 5/19/36 1936 Dr. Bedford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18-193622. I HEREBY CERTIFY, That I attended deceased from 5-14-1936, to 5-18-1936I last saw him alive on 5-15-1936 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:

Date of onset

Other contributory causes of importance:

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) Dr. Bedford, M. D.(Address) Jeff. City, 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.

