

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

**JUN 17 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

18992

1. PLACE OF DEATH Dade
 County North Morgan Registration District No. 225
 Township North Morgan Primary Registration District No. 6290
 City North Morgan (No.) St. Ward

2. FULL NAME Martha Jane 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>Widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Baker</u> | | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29 1859</u> | | |
| 7. AGE | YEARS <u>76</u> | MONTHS <u>9</u> | DAYS <u>27</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>Housekeeper</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>Missouri</u> | | | | |
| MOTHER FATHER | 13. NAME <u>Silas Bell</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u> | | | |
| | 15. MAIDEN NAME <u>Mary Jane Brigabey</u> | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u> | | | | |
| 17. INFORMANT <u>Blanche Turner</u> (ADDRESS) <u> </u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shelton Cemetery</u> DATE <u>May 28 1936</u> | | | | |
| 19. UNDERTAKER <u>W. H. Miller</u> (ADDRESS) <u> </u> | | | | |
| 20. FILED <u>May 27 1936</u> <u>Martha J. Miller</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1935 to May 26 1936
 I last saw her alive on May 24 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Sarcoma Cervix Est. 1935

Other contributory causes of importance NO

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? NO
 If so, specify

(Signed) B. B. Miller, M. D.
 (Address) Dadeville, Tenn.

