

JUN 27 1936

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

Do not use this space.

21674

1. PLACE OF DEATH *Shannon.*

County *Shannon*  
Township *Union*  
City *Shannon* (No. *1125*)

Registration District No. *1125*  
Primary Registration District No. *6082*

File No. *21674*  
Registered No. *21674*  
St. *Shannon* Ward *1*

2. FULL NAME *Mary Baker*

(a) Residence, No. *1125* St. *Shannon* Ward *1*  
(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<br><i>Female</i>                                                                                      | 4. COLOR OR RACE<br><i>white</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><i>married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Ed Baker</i>                                 |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 30 - 1902</i>                                                 |                                  |                                                                             |
| 7. AGE<br><i>34</i>                                                                                          | YEARS<br><i>5</i>                | MONTHS<br><i>1</i>                                                          |
| 10. Date deceased last worked at this occupation (month and year) <i>Aug 1935</i>                            |                                  | 11. Total time (years) spent in this occupation <i>12</i>                   |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i> |                                  |                                                                             |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>None</i>               |                                  |                                                                             |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Greene Co. Mo.</i>                                       |                                  |                                                                             |
| 13. NAME <i>Ed Morrison</i>                                                                                  |                                  |                                                                             |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>                                             |                                  |                                                                             |
| 15. MAIDEN NAME <i>Laura Rodvick</i>                                                                         |                                  |                                                                             |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Deer Co Mo</i>                                           |                                  |                                                                             |
| 17. INFORMANT <i>Mr. Christensen</i><br>(ADDRESS)                                                            |                                  |                                                                             |
| 18. BURIAL, CREMATION, OR REMOVAL <i>Christ</i><br>PLACE <i>Christ</i> DATE <i>6/2</i> 1936                  |                                  |                                                                             |
| 19. UNDERTAKER <i>G. T. Spears</i><br>(ADDRESS) <i>Salem, Mo</i>                                             |                                  |                                                                             |
| 20. FILED <i>June 27 1936</i> <i>Maud Prugh</i><br>Registrar                                                 |                                  |                                                                             |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 31* 1936

22. I HEREBY CERTIFY: That I attended deceased from *May 26* 1936, to *May 31* 1936  
I last saw him alive on *May 31* 1936 Death is said to have occurred on the date stated above, at *12:30* p. m.  
The principal cause of death and related causes of importance were as follows:  
*Childbirth, caused by injury by barn door falling on her previous to delivery*  
Date of onset *May 31*

Other contributory causes of importance:  
*Barn door falling on hip.*

Name of operation *None* Date of *May 31*

What test confirmed diagnosis *None* Was there an autopsy? *No*

23. If death was due to external cause (violence), fill in also the following:  
Accident, suicide, or homicide *Accident* Date of injury *May 31* 1936  
Where did injury occur? *At home* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Accident*

Nature of injury *Childbirth*

24. Was disease or injury in any way related to occupation of deceased? *No*  
If so, specify *None*  
(Signed) *Dr. J. L. Lican* M. D.  
(Address) *Salem, Mo.*

