JUL 16 1936

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

Do not use this space.

21939

1. PLACE OF DEATH
County Barton — Registration District No. 1008 — File No.
Township Newport — Primary Registration District No. 5057 — Registered No. 3
City (No. , St. Ward)

2. FULL NAME Mary Ellen Baker
(a) Residence, No. St., Ward. Glencoe, Okla.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 2 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. L. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1866

7. AGE: YEARS 70 — MONTHS 4 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Louisville (STATE OR COUNTRY) Kentucky

FATHER
13. NAME James Wilmoth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Almira Stunnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Rose McDowell (ADDRESS) Moorehead, Kansas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glencoe, Okla. DATE June 19 1936

19. UNDERTAKER C. F. Konantz (ADDRESS) Lamar, Mo.

20. FILED June 19 1936 J. W. Wise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8 1936, to June 18 1936.
I last saw him alive on June 11 1936. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage due to Arteriosclerosis.	
Onset several years ago	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) [illegible], M. D.
(Address) Golden 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.

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

X7294