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

AUG 21 1936

Do not use this space.

27248

File No.

Registered No.

1. PLACE OF DEATH

County Linn — Registration District No. 496

Township Brookfield — Primary Registration District No. 3025

City Brookfield (No. ..... St. ..... Ward)

2. FULL NAME Fay Etta Baker

(a) Residence, No. 323 S. Caldwell St., K 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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Isac. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1905

7. AGE YEARS 31 MONTHS 5 DAYS 25 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) (STATE OR COUNTRY) Oklahoma

FATHER

13. NAME Ed. Jamerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

MOTHER

15. MAIDEN NAME D. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Isac. Baker Brookfield, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rose Hill DATE 7-23 1936

19. UNDERTAKER (ADDRESS) C. M. Hill Brookfield Mo

20. FILED 8/10/36 19 Jno H Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to July 22, 1936

I last saw her alive on July 15, 1936. Death is said to have occurred on the date stated above, at about 3 a.m.

The principal cause of death and related causes of importance were as follows:

Ac Nephritis of Pregnancy — Date of onset Unknown

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Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) Isaac Evans, M. D.

(Address) Brookfield Mo