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

AUG 24 1936

Do not use this space.

27416

1. PLACE OF DEATH
County Montgomery
Township
City Montgomery City (No. . St. .Ward)

Registration District No. 592
Primary Registration District No. 43050

File No.
Registered No. B21

2. FULL NAME Mary Magdalene Baker

(a) Residence, No. Montgomery City Mo. Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF John Baker Sr.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15 - 1860

7. AGE
YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
75	7	29	

OCCUPATION

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

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) Wright City
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Calvin Edwards

14. BIRTHPLACE (CITY OR TOWN) Warren County
(STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Mary Kennedy

16. BIRTHPLACE (CITY OR TOWN) Warren County
(STATE OR COUNTRY) Mo.

17. INFORMANT Della Baker
(ADDRESS) Montgomery City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery City DATE July 16 36

19. UNDERTAKER Isa. Marlbut
(ADDRESS) Montgomery City Mo

20. FILED July 15 1936 Buell Murphy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936, to July 14, 1936
I last saw her alive on July 14, 1936. Death is said to have occurred on the date stated above, at 740 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	7.14.36
821	

Other contributory causes of importance:
Over heated — 7.14.36

Name of operation. 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) James O. Helm , M.D.
(Address) New Florence Mo