

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

Do not use this space.

AUG 31 1936

29568

1. PLACE OF DEATH

County Stone
Township Nurley
City (No.)

Registration District No. 846
Primary Registration District No. 6283

File No.
Registered No. 16 St. Ward

2. FULL NAME

Sarah 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 10 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Mo

13. NAME Hardin Coffey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Sarah Estes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Geo Baker
Nurley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright cem DATE July 30 36

19. UNDERTAKER (ADDRESS) J. W. Maples
Cherry, Mo

20. FILED 8-10- 1936 A. J. Chumey
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 - 1936

22. I HEREBY CERTIFY That I attended deceased from July 15, 1936, to July 29, 1936. I last saw her alive on July 29, 1936. Death is said to have occurred on the date stated above, at 11:20 A.M.

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

Congestion of BRAIN
from over heat
July 29
15-36

Other contributory causes of importance:

Age & General debility

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? Yes

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? Yes

If so, specify

(Signed) John H. H. H., M. D.

(Address) Cherry Mo

