

SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 300Township JacksonPrimary Registration District No. 1987City Jackson City No. 100File No. 31193Registered No. 3052St. 10 Ward)2. FULL NAME Maudie Baker(a) Residence, No. 1652 Summit St. 10 Ward.Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 '967. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 40 1 1 78. 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) Mo13. NAME Jim Collins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Laura Rogers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Deirda Clark18. BURIAL, CREMATION, OR REMOVAL PLACE Lawwood No. 28 DATE Aug 28 193619. UNDERTAKER Quinn & Son Co.(ADDRESS) 202 Lawwood20. FILED 8-28-36 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25-193622. I HEREBY CERTIFY, That I attended deceased from 8-13-36 to 8-25-36I last saw her alive on 8-25-36 Death is said to have occurred on the date stated above, at 9:30 PM

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

Chronic Morphine Date of onsetOther contributory causes of importance: 124
nephrolithiasis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify.....

(Signed) J. J. [Signature], M. D.(Address) 202 Lawwood

