NOV 4 1936

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

Do not use this space.

39194

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ..... (No. 3126a Clifton Place St. ..... Ward)

File No. .....

Registered No. 10225

2. FULL NAME DRUECILLA BAKER

(a) Residence, No. 3126A CLIFTON PL St., 21 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: FEMALE

4. COLOR OR RACE: COL

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 10 1887

7. AGE: YEARS 49 | MONTHS 1 | DAYS 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOUSE WIFE

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) JEFFERSON COUNTY MISS

FATHER

13. NAME NOAH GIBSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON COUNTY MISS

MOTHER

15. MAIDEN NAME MARIA HAYES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON COUNTY MISS

17. INFORMANT EDDIE BAKER
(ADDRESS) 3126A CLIFTON PL

18. BURIAL, CREMATION, OR REMOVAL
PLACE WASHINGTON PARK DATE OCT 12 1936

19. UNDERTAKER TANNER UNDT. CO
(ADDRESS) 2934 DICKSON ST

20. FILED OCT 10 1936 19 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1936, to Oct. 5, 1936

I last saw her alive on Oct. 5, 1936 Death is said to have occurred on the date stated above, at 1056 P.m.

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

Chronic interstitial nephritis
Uremia

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? clin 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) M. A. Mueller, M. D.

(Address) 2335 Franklin Ave

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

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.