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.

DEC 18 1936

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

Do not use this space.

40218

1. PLACE OF DEATH
County Adair — Registration District No. 3 — File No.
Township Wilson — Primary Registration District No. 5004 — Registered No.
City (No. , St. Ward)

2. FULL NAME Mrs Jennie Baker
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Frank G. Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15" 1858
7. AGE YEARS 78 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. 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) West Va.

FATHER
13. NAME Eugene Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va

MOTHER
15. MAIDEN NAME Susan Allmiller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

17. INFORMANT (ADDRESS) Frank G. Baker. Bachelor, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bracheer, Mo. DATE Nov. 13" 1936
19. UNDERTAKER (ADDRESS) Foster R. Eaday. Bracheer, Mo.
20. FILED Nov. 16, 1936 Alvesta Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11" 1936
22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1936, to Nov 11, 1936
I last saw her alive on Nov 11, 1936 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral appoplexy — Date of onset 11-10-36
Other contributory causes of importance:
Arterio-sclerosis with high tension
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) H M Humphrey, M. D.
(Address) Bracheer, Mo.