

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.

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

Do not use this space.

40491

1. PLACE OF DEATH  
County BUCHANAN Registration District No. 85  
Township WASHINGTON Primary Registration District No. 1001  
City ST. JOSEPH, (No. 1439 N. 13TH ST.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1472

2. FULL NAME ELIZA ANN BAKER  
(a) Residence, No. 1439 NORTH 13TH ST. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 25 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 <b>FEMALE</b>	4. COLOR OR RACE <b>WHITE</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>WIDOWED</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>WIDOW OF J.W. BAKER,</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>JUNE 29, 1845</b>		
7. AGE YEARS <b>91</b>	MONTHS <b>4</b>	DAYS <b>29</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>HOUSEWIFE</b>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) **OBLO**  
(STATE OR COUNTRY)

FATHER  
13. NAME **THOMAS MOONEY**  
14. BIRTHPLACE (CITY OR TOWN) **MARYLAND**  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME **HARRIS**  
16. BIRTHPLACE (CITY OR TOWN) **VIRGINIA**  
(STATE OR COUNTRY)

17. INFORMANT **G. A. BAKER,**  
(ADDRESS) **ST. JOSEPH, MISSOURI**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **MEMORIAL PARK CEM** DATE **NOV. 30, 1936**

19. UNDERTAKER **FLEEMAN & SON INC.**  
(ADDRESS) **1946 COLHOUN ST.**

20. FILED **Nov. 30, 1936** **A. J. Neelhusel**  
**1936** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOVEMBER 28, 1936**

22. I HEREBY CERTIFY, That I ~~have~~ **viewed** ~~the~~ **body** of \_\_\_\_\_ deceased on **Nov. 28, 1936**, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. ER. alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at **4:00 A.M.**

The principal cause of death and related causes of importance were as follows:  
**Chronic Myocarditis** (Date of onset \_\_\_\_\_)

Other contributory causes of importance:  
**arterio sclerosis**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? **History** 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 **B.W. Tadlock Coroner** M. D.

(Address) **St Joseph Mo**

