JAN 19 1937

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

Do not use this space.

45270

1. PLACE OF DEATH

County Johnson, Registration District No. 5586 Post Oak Twp File No. 6

Township Postoak Primary Registration District No. 4256 Leeton Twp Registered No. 430

City ~~Leeton,~~ (No. , St. Ward)

2. FULL NAME Mrs. Brillia Gertrude Baker, 5586

(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 39 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 White,

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1858

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 7 | 3 | |

OCCUPATION

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

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) Skiler Co., Mo.

FATHER

13. NAME William Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

MOTHER

15. MAIDEN NAME Ellen, ?

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

17. INFORMANT (ADDRESS) Howard Baker, Leeton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mineral Creek DATE 12-11-36, 19

19. UNDERTAKER (ADDRESS) R. A. Brauninger, Leeton, Mo

20. FILED Jan 9 1937 Mrs J A Lamp Rice Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1936, to Dec 9, 1936

I last saw her alive on Dec 9, 1936 Death is said to have occurred on the date stated above, at 1:05 PM m.

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

| | Date of onset |
|---|---|
| Pneumonia (Lobar Bilateral) | 12-7-36 |
| Other contributory causes of importance: | |
| Cerebral Hemorrhage | 11/24/36 |

Name of operation — Date of —

What test confirmed diagnosis? — 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) E. Dare, M. D.

(Address) Leeton Mo

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.

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

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