JAN 20 1937
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

45377

1. PLACE OF DEATH
County Lewis
Township Dickerson
City (No. , St. Ward)

Registration District No. 477
Primary Registration District No. 5646

File No.
Registered No. 66

2. FULL NAME Florence Margaret Baker

(a) Residence, No. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	7	4	

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.

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) La Belle Mo

FATHER
13. NAME George C. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edina Mo

MOTHER
15. MAIDEN NAME Elizabeth Ritzke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Hampton Mass

17. INFORMANT (ADDRESS) Mrs Lizzie Madden La Belle Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edina Cemetery DATE Dec-30 19 36

19. UNDERTAKER (ADDRESS) Earle & Bassett Wyaconda Mo

20. FILED Dec. 31 19 36 Hubbard
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-24, 1936, to Dec-29 1936
I last saw h. alive on Dec-28- 19 36 Death is said to have occurred on the date stated above, at 8:20 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia Organic	
for Several Years	
which became	
Complicated on	
Dec-24-36.	

Other contributory causes of importance:

Pneumonia + Obesity

Name of operation None Date of
What test confirmed diagnosis? Physical 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) Sam Pollard M.D.
(Address) [redacted] 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.