

Dr. Archer
Shelby wife
FEB 23 1937

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

Do not use this space.

4604

1. PLACE OF DEATH

County Shelby
Township Jackson
City Shelbyville

Registration District No. 828
Primary Registration District No. 6040

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Sarah Elizabeth Baker

(a) Residence, No. By Fagg's home St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 3 8

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

13. NAME James Hardy Blackford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mrs. E. L. Lantry

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

17. INFORMANT (ADDRESS) Shelby, Ray Fagg's home

18. BURIAL, CREMATION, OR REMOVAL PLACE Barkdale DATE Jan 10 1937

19. UNDERTAKER (ADDRESS) William F. Burkhead

20. FILED 1-11 1937 Mrs. Lyell Landrum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1936 to Jan 8 1937
I last saw her alive on Jan 6 1937 Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial nephritis Date of onset _____

Other contributory causes of importance:
Arteriosclerosis
Chronic myocarditis
Hypertension

Name of operation none Date of _____
What test confirmed diagnosis? none 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) P. C. Archer, M. D.
(Address) Shelbyville Mo

