

FEB 23 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

Dr. Wood

4607

45

## 1. PLACE OF DEATH

County Shelby  
 Township Salt River  
 City                      (No.                     )

Registration District No. 830  
 Primary Registration District No. 2-60911

File No. 4607  
 Registered No. 45  
 St.                      Ward                     

2. FULL NAME Emma Bell Baker

(a) Residence, No. Shelbina Mo. P.O. St.                      Ward                     

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  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew Baker  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 27 - 1852  
 7. AGE YEARS 84 MONTHS 9 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house keeper  
 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) Pennsylvania13. NAME James L. Barker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.15. MAIDEN NAME Smith, Susan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County Mo.17. INFORMANT Mancel Maddox (ADDRESS) Shelbina, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 1/20/3719. UNDERTAKER Million Barker (ADDRESS) Shelbina Mo.20. FILED Feb. 9 1937 Mrs. R. H. Wailes Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18- 193722. I HEREBY CERTIFY, That I attended deceased from 1-14-37, 19                     to 1-17-37, 19                    I last saw her alive on 1-17-37, 19                     Death is saidto have occurred on the date stated above; at                      m.

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

Senile Pneumonia 1-13-37  Other contributory causes of importance: Influenza 1-2-37  Name of operation Amical Date of                     What test confirmed diagnosis?                      Was there an autopsy? no23. 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? noIf so, specify                      (Signed) A. M. Wood M. D. (Address) Shelbina Mo.

