

MAR 24 1937

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

Do not use this space.

7613

57

665

## 1. PLACE OF DEATH

County PettisRegistration District No. 665File No. 57

Township

Primary Registration District No. 3032Registered No. 665City Sedalia(No. 16348.5-1)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mrs. Mollie V. Baker(a) Residence, No. Route 2, Beaman, Mo.

(Usual place of abode)

Ward \_\_\_\_\_

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFF.H. Baker

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

Oct. 10, 1872

7. AGE

65

MONTHS

4

DAYS

8If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Housewife9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Beaman  
Mo.FATHER  
MOTHER13. NAME George T. Allen14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Virginia

15. MAIDEN NAME

Staniford16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)unknown17. INFORMANT  
(ADDRESS)Mrs. H.R. Bash  
Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown HillDATE 2/25/37, 1919. UNDERTAKER  
(ADDRESS)Duane Ewing  
Sedalia, Mo.

20. FILED

2-24-1937 Jean Slack  
Registrar

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

Feb 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 17, 1937, to Feb 24, 1937I last saw her alive on Feb 23, 1937 Death is saidto have occurred on the date stated above, at 1:30 A.M.

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

Date of onset

Other contributory causes of importance:

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?

If so, specify \_\_\_\_\_

(Signed)

Frank R. Morley, M. D.

(Address)

Sedalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Morley  
Third Nat'l Bank Bldg.