APR 15 1937

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

Do not use this space.

File No. 11012

Registered No. 45

1. PLACE OF DEATH
County: Andrew
Township: Salt River
City: Mexico Mo (No. Andrew Hospital St. Ward)
Registration District No. 26
Primary Registration District No. 3002

2. FULL NAME: Myrtle Beryl 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: Female
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John Andrew Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2 1898

7. AGE: Years 38 | Months 4 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Calloway Co Mo.

FATHER
13. NAME: James Meador
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co Mo.

MOTHER
15. MAIDEN NAME: Mary F. Jefferson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co, Mo.

17. INFORMANT (ADDRESS): Leroy Meador Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pleasant Hill DATE: 3/22 1937

19. UNDERTAKER (ADDRESS): Hughes Mauzin Auxvasse Mo.

20. FILED March 21, 1937 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to March 20, 1937
I last saw her alive on March 20, 1937. Death is said to have occurred on the date stated above, at 11 30 p.m.
The principal cause of death and related causes of importance were as follows:

Puerperal Eclampsia — Date of onset March 12-37

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Other contributory causes of importance:
Chronic glomerular nephritis-with nitrogen retention — ?
Uremia & Anuria — March 1937

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? No
If so, specify: —

(Signed) Harry F. O'Brien, M. D.
(Address) 111 E. Monroe - Mexico 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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