

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.

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

Do not use this space.

APR 28 1937

File No. 13863
Registered No. 13
St. _____ Ward _____

1. PLACE OF DEATH

County Stoddard
Township _____
City Curie, Mo. (No. _____)

Registration District No. 849511
Primary Registration District No. 6102

2. FULL NAME

Florence Baker
(a) Residence, No. 24th, Missouri 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1879

7. AGE YEARS 57 MONTHS 6 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Nursewife

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) White County, Illinois

13. NAME L. D. Hendricks

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

15. MAIDEN NAME Rachel Ann Saterfield

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

17. INFORMANT Sheridan Baker (ADDRESS) 24th, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baker, Missouri DATE Apr 5, 1937

19. UNDERTAKER Lloyd D. Morgan (ADDRESS) Warrens, Mo.

20. FILED Apr 6, 1937 Veran H. Glenn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1937, to Apr 3, 1937

I last saw her alive on Apr 3, 1937 Death is said to have occurred on the date stated above, at 10 P. m.

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

Terminal Brain (Date of onset _____)
7th St. Beryl
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? Yes
If so, specify _____

(Signed) E. A. Morgan, M. D.
Warrens, Mo. (Address)

