

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Andrew  
Township Haudalia  
City Haudalia (No. \_\_\_\_\_)

Registration District No. 912  
Primary Registration District No. 4550

File No. 15591  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Emma Biff Baker

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

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

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

Lewis Baker

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

April 17, 1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

55

11

17

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

Sty.

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)

Mo

13. NAME

U. A. Biff

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

Mo

15. MAIDEN NAME

Mary Luke

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

Mo

17. INFORMANT (ADDRESS)

Lewis Baker

18. BURIAL, CREMATION, OR REMOVAL

PLACE Haudalia Cemetery DATE Apr. 4, 1937

19. UNDERTAKER (ADDRESS)

W. J. Mott

20. FILED

4/5 1937 Came 2 utterback

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

March 12, 1937, to April 3, 1937

I last saw him alive on April 12, 1937 Death is said

to have occurred on the date stated above, at 6 A. m.

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

Chronic Renal disease Date of onset 2 yrs

Other contributory causes of importance: 95%

Name of operation none Date of none

What test confirmed diagnosis? Chem 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? No

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

(Signed) Phen Alfred M. D.

(Address) Haudalia Mo.

