

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

51 County..... Johnson
Township..... Jefferson
City..... (No., St., Ward)

Registration District No. 14Primary Registration District No. 5587

File No. 16730
Registered No. 2

2. FULL NAME Mrs. Hallie Heithecker 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 14, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

32 8 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Missouri

13. NAME F. W. Heithecker

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

15. MAIDEN NAME Nannie Hood

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

17. INFORMANT Stanley Baker
(ADDRESS) Leeton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE April 25, 1937

19. UNDERTAKER Huston-Turner
(ADDRESS) Windsor, Missouri

20. FILED May 5 1937 H. J. Jennings Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1937

22. I HEREBY CERTIFY. That I attended deceased from April 19, 1937, to April 27, 1937.
I last saw him alive on April 27, 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:
Coronary Thrombosis

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) H. J. Jennings, M. D.

(Seal/Signature)

