

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.

JUN 17 1937

1. PLACE OF DEATH

26 County Cedar
Township Cedar
City Cedar (No. 1)

Registration District No. 163
Primary Registration District No. 5232

File No. 19757
Registered No. 31
St. _____ Ward _____

2. FULL NAME

Marie 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25, 1912
7. AGE YEARS 24 MONTHS 8 DAYS 12 If LESS than 1 day, hrs. min.

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) Mo

13. NAME M. E. McCoy

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

15. MAIDEN NAME Ruby Oliver

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

17. INFORMANT Roy Baker (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hannuman DATE 579 1937

19. UNDERTAKER Gwinn-Siders (ADDRESS) Eldorado Springs, Mo

20. FILED 5-8- 1937 J. W. Dawson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6 1937, to May 6 1937. I last saw him alive on May 6 1937. Death is said to have occurred on the date stated above, at 11:50 p.m. The principal cause of death and related causes of importance were as follows: Embolic Pulmonary

Other contributory causes of importance: Ischemic Bright disease

Name of operation none Date of _____ What test confirmed diagnosis? lab. cultures Were an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____ Where did injury occur? no (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury none Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____ (Signed) J. W. Richardson M. D. (Address) 1140

