

JUL 28 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Barry
 Township Great Creek
 City Cassville (No. 1)

Registration District No. 29
 Primary Registration District No. 50382

File No. 23082
 Registered No. 39
 St. _____ Ward _____

2. FULL NAME

Ruth Jean Baker
 (a) Residence, No. Cassville Mo. Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 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) Feb-17-1914
 7. AGE YEARS 23 MONTHS 3 DAYS 14 If LESS than 1 day, ... hrs. or 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) (Blossington, Mo.)
 13. NAME Joe E. Carson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rocky Comfort Mo.
 15. MAIDEN NAME Myrtle Massey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carbondale, Ill.

17. INFORMANT Mrs. Myrtle Carson (ADDRESS) Rocky Comfort
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Comfort DATE June 2 1937
 19. UNDERTAKER Home Silver (ADDRESS) Cassville Mo.

20. FILED 6-24 1937 John W. Newman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1937
 22. I HEREBY CERTIFY, That I attended deceased from April 28 1937, to May 31 1937
 I last saw her alive on May 31 1937. Death is said to have occurred on the date stated above, at 11:50 A.M.
 The principal cause of death and related causes of importance were as follows:

Puerperal Septicemia
 Date of onset _____

Other contributory causes of importance:
Placenta Praevia Complete

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 1
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Henry H. Sawyer, M. D.
 (Address) Cassville, 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.

