

NOV 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 185
Primary Registration District No. 1001
(No. 114 Angel)

File No. 37157
Registered No. 1133
St. Ward

2. FULL NAME

Laura Baker
(a) Residence, No. 628 30 223d St.,
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew Baker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 12 - 1865</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>71</u>		<u>10</u>	<u>2</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Columbus, Ohio</u>				
FATHER	13. NAME <u>Woodson Wright</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Delia Samuels</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT (ADDRESS) <u>Delta May Hill</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Shiloh</u> DATE <u>10/16/37</u>				
19. UNDERTAKER (ADDRESS) <u>Rausch's Mortuary</u>				
20. FILED <u>10-16</u> , 19 <u>37</u> <u>W. J. G. Registrar</u>				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1937, to Oct 14 1937.
I last saw h. or alive on Oct 14 1937. Death is said to have occurred on the date stated above at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:
Asphyxy
Date of onset 10/14/37

Other contributory causes of importance:
None

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1937.
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

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 None
(Signed) W. J. G., M. D.
(Address) 2167 W W mo an

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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