DEC 15 1937

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

Do not use this space.

File No. 40834

Registered No. 28

1. PLACE OF DEATH
County: Callaway
Township: Auxvasse
City: (No. St. Ward)
Registration District No. 105
Primary Registration District No. 5155

2. FULL NAME: Mamie Vienna 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: John R. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 24 1886

7. AGE: Years 51 | Months 2 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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: 24 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Henry Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Sadie Snyder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT (ADDRESS): John R. Baker, Steedman, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Steedman, Mo. DATE: Nov. 20, 1937

19. UNDERTAKER (ADDRESS): Leo G. Wallace, Fulton, Mo.

20. FILED 11-20, 1937 W. H. Williamson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1937, to 11-17, 1937
I last saw her alive on 11-18, 1937. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-23-37
48	

Other contributory causes of importance: Carcinoma of Uterus.

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) W. G. Payne, M. D.
(Address) R. R. 4 Fulton, Mo.

AUG 1 1 1949