

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

Do not use this space.

2157

**1. PLACE OF DEATH**

County Buchanan Registration District No. 86  
 Township Washington Primary Registration District No. 22  
 City St. Joseph (No. 1) St. 1 Ward

**2. FULL NAME**

Dora Baker  
 (a) Residence, No. R.F.D. #5 St. 1 Ward. (If nonresident, give city or town and State)  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 1 11 11

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.

13. NAME Green Phillips

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Dora Baker

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Grove DATE 1/27/38

19. UNDERTAKER (ADDRESS) Ramsay Mort.

20. FILED Jan 25 1938 B. V. Tadlock Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1938

22. I HEREBY CERTIFY That I attended deceased from Oct 4, 1937, to Jan 24, 1938

I last saw her alive on Jan 24 1938 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Secondary Eczema

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? No.

23. Accidents, injuries, or external causes (violence), fill in also the following:  
 Accidents, injuries, or external causes \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

When 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 FEB 21 1938

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_

(Signed) J. D. Berry M. D.  
 (Address) St. Joseph, 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.

