

REC'D MAR 15 1938

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

Do not use this space.

## 1. PLACE OF BIRTH

County

Cass

Registration District No.

162

Township

Peculiar

Primary Registration District No.

5227

City

(No. \_\_\_\_\_)

File No.

6405

Registered No.

St.

Ward)

## 2. FULL NAME

Dora Baker 260

(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

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

Joel Henry Baker

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

Feb 8 - 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

82

-

18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home-maker

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)

Kentucky 1

13. NAME

Aaron 1

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

Kentucky 1

15. MAIDEN NAME

Don't know

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

Kentucky

17. INFORMANT (ADDRESS)

J. H. Baker Peculiar Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE

Peculiar Cemetery

DATE

2/20

1938

19. UNDERTAKER (ADDRESS)

Ruytenburgs 99  
Kargusville Mo

20. FILED

2/20

1938

Martin V. Robinson, M.D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

2/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

February 8, 1938, to February 18, 1938

I last saw her alive on February 18, 1938. Death is said

to have occurred on the date stated above, at 6:30 P. m.

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

Ess. Arteriosclerotic Nephritis

Date of onset

?

Other contributory causes of importance:

Edema Brain -

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) Martin V. Robinson, M. D.

(Address) Peculiar, Mo

Dr. Robinson

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.

