

REC'D MAR 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County PulaskiTownship LisbonCity Richland (No. 2)Registration District No. 712Primary Registration District No. 5941File No. 7882Registered No. 2

St. _____ Ward _____

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</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>John Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20 - 1863</u>		
7. AGE <u>74</u>	YEARS <u>64</u>	MONTHS <u>10</u>
DAYS <u>17</u>		IF LESS than 1 day, _____ hrs. or _____ min.

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)
Puch Co. Penn.13. NAME
Martha Matting14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Puch Co. Penn.15. MAIDEN NAME
Sarah Fox16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Puch Co. Penn.17. INFORMANT (ADDRESS)
John Baker18. BURIAL, CREMATION OR REMOVAL PLACE
Cathedral DATE 1/9/3819. UNDERTAKER (ADDRESS)
R. B. Tupper20. FILED Feb 12 1938 Orville A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7 - 193822. I HEREBY CERTIFY, That I attended deceased from 3-20, 1937 to 1-7, 1938I last saw him alive on 1-7, 1938 Death is saidto have occurred on the date stated above, at 2:00 pm.

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

Date of onset

Angina Pectoris

Other contributory causes of importance: 94.0

Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____

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? No

If so, specify _____

(Signed) R. B. Tupper M. D.(Address) 10-22-1/2 Hickory St.

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.

