

REC'D MAR 23 1938

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

7916  
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735  
 (b) Township 1 Primary Registration District No. 3034  
 (c) City Moberly (d) Street No. 621 Taylor St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 25

2. PRINT FULL NAME Hetha Fay Baker 260

(a) Residence, No. 621 Taylor St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26<sup>th</sup> 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 days

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.   
 9. Industry or business in which work was done, as 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) Mo o

FATHER 13. NAME Roy Baker o

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

MOTHER 15. MAIDEN NAME Violet Briggs

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

17. INFORMANT (ADDRESS) Roy Baker

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE Feb 2<sup>nd</sup> 1938

19. FUNERAL DIRECTOR (ADDRESS) Mahan + Son

Moberly, Mo

20. FILED Feb 3 1938 Ethel Plester Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to Feb 15, 1938  
 I last saw him alive on Feb 15, 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Unknown

700B -

Other contributory causes of importance: —

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) J. O. Ash, M. D.

(Address) Moberly, 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.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, Not Embalmed, Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed Frank D. Wet .....

Licensed Embalmer No. 3024 .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**