

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

Do not use this space.

REC'D JUN 24 1938

19658

**1. PLACE OF DEATH:**

County Scotland  
 Township E. Jefferson  
 City Manchester (No. \_\_\_\_\_)

Registration District No. 810  
 Primary Registration District No. 4478

File No. \_\_\_\_\_  
 Registered No. 23 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Estie Walker 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED, (husband of (OR) WIFE OF) Matthew Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 8 7

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

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) Scotland County Mo

13. NAME James Walker

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

15. MAIDEN NAME Maggie Todd

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

17. INFORMANT Bear Walker (ADDRESS) Manchester, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland DATE May 9 38

19. UNDERTAKER W. V. Payne & Sons (ADDRESS) Manchester, Mo

20. FILED MAY 27 1938 Registrar. 225 (Address) Manchester, Mo

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1938, to May 5, 1938.

I last saw him alive on May 7, 1938. Death is said to have occurred on the date stated above, at 6.9 m.

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

Myocardial contraction or convulsive rigors which lapsed into coma 1/2

Other contributory causes of importance: Myocardial S. 7/13

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. D. Alexander, M. D. (Address) Manchester, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000