

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

Do not use this space.

REC'D AUG - 6 1938

1. PLACE OF DEATH

County Sullivan
Township Union
City _____ (No. _____)

Registration District No. 849
Primary Registration District No. 6115

File No. 26699
Registered No. 27
St. _____ Ward _____

2. FULL NAME Lucretia Baker 263

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-9-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 14

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 0

12. BIRTHPLACE (CITY OR TOWN) North Salem
(STATE OR COUNTRY) Mass.

13. NAME Jacob Coffman

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

15. MAIDEN NAME Kisiri Carmack

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

17. INFORMANT Mrs. Mel Alexander
(ADDRESS) Green City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baker DATE July 24, 1938

19. UNDERTAKER Thos. E. Hart
(ADDRESS) Green City, Mo.

20. FILED Aug 9, 1938 Virginia Gibson
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-10, 1938, to 7-23, 1938

I last saw him alive on 7-22, 1938 Death is said to have occurred on the date stated above, at 12:00 m.

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

Chronic Myocarditis Date of onset

Other contributory causes of importance: 131

Acute infectious nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

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? Yes

If so, specify _____
(Signed) Thos. E. Hart M. D.

(Address) Green City, Mo.

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.

