

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32666

Do not use this space.

REC'D OCT 24 1938

1. PLACE OF DEATH

(a) County Union Registration District No. 1084
(b) Township Jackson Primary Registration District No. 5662 Registered No.
(c) City (d) Street No. St.
(e) Length of residence in city or town where death occurred (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LUCY ELLEN BAKER 911

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 0 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home wife
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) Lin. County, State Missouri

13. NAME Thomas Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, Kentucky

15. MAIDEN NAME Elizabeth Parker

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

17. INFORMANT (ADDRESS) Elizabeth Parker, Kansas Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 11-9-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. P. Roberts, Fairdell, Mo.

20. FILED Sep 29 1938 Elva C. Ashcraft, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1938 to Sept 19 1938

I last saw him alive on Sept 13 1938. Death is said to have occurred on the date stated above, at 1304. The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Sept 2 1938

108 Other contributory causes of importance: Chronic interstitial nephritis

Name of operation Date of What test confirmed diagnosis pneumonia 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 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? No. If so, specify (Signed) W. H. Mulgrew, M. D. (Address) 2141 Myrtle St

RECEIVED

District Health Officer No. 10

District File Number 10-38-282

Date Filed 10-8-38

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**