

OCT 25 1938

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

32829  
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 258  
(b) Township Danville Primary Registration District No. 4346 Registered No. 5  
(c) City Danville Mo (d) Street No. Life (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(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.

2. PRINT FULL NAME Mary Susan Baker

(a) Residence, No. Danville Mo 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 th 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
81 10 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home  
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) Danville Missouri

FATHER 13. NAME Sylvester M. Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineola Missouri

MOTHER 15. MAIDEN NAME Francis M Stevens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appomattox Virginia

17. INFORMANT (ADDRESS) Miss Anna Baker Danville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence Cem DATE 9/9/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. V. Hopkins Montgomery City Mo

20. FILED Sept 9 1938 Mrs V. Cullon Local R. 970

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 th 1938

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1938 to September 38, 1938

I last saw her alive on September 7, 1938 Death is said to have occurred on the date stated above, at 6:30 pm

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

1. Pneumonia, broncial Date of onset 9/6/38  
2. Anemia, chronic 3/6/38

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Lab 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) Osell Marilee, M. D.  
(Address) Montgomery City, Missouri

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

**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, \_\_\_\_\_ on the

7 th day of September 1938 \_\_\_\_\_, or by \_\_\_\_\_

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

Signed \_\_\_\_\_

Licensed Embalmer No. I487

P. O. Address Montgomery City Mo.

**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.)**

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