

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.

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

Do not use this space.

37015

1. PLACE OF DEATH

County Stone
 Township Linedea
 City (No. _____) _____

Registration District No. 842
 Primary Registration District No. 625-9

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Branton Hollow St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-6-1938

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Galena Mo RTT

13. NAME Rosemary E. Baker

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

15. MAIDEN NAME Virginia C. Baker

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

17. INFORMANT Kenneth Baker
 (ADDRESS) Galena Mo RTT

18. BURIAL, CREMATION, OR REMOVAL PLACE Moss Hill DATE Oct 6 1938

19. UNDERTAKER Family
 (ADDRESS) _____

20. FILED 10-20 1938 Mrs Ethel Doyall
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-6 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1938 to Oct-6 1938

I last saw h. e. p. alive on _____ 19____. Death is said to have occurred on the date stated above, at 10:00 P.

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

Still born baby

Date of onset _____

Other contributory causes of importance:

Under development - 2 times

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? 0

If so, specify _____

(Signed) A. P. Zata, M. D.

(Address) Crete Mo.

RECEIVED

District Health Officer No. 6,

District File Number

6-38-554

Date Filed

NOV 7

1938