

DEC 5 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Montgomery

Township

City Danville(No. 260)Registration District No. 5-89Primary Registration District No. 4346File No. 39848

Registered No.

St.

Ward

2. FULL NAME Eliza Jane 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 40 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFCharles Baker

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

June 14 th 1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.765

OCCUPATION

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

Home

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)Near Mineola Mo

MOTHER FATHER

13. NAME

Peter Richardson14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mineola Mo

15. MAIDEN NAME

Lucy Johnson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Mineola Mo17. INFORMANT
(ADDRESS)Lucinda Norton
Danville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gregory Cem

DATE

II/13/3819. UNDERTAKER
(ADDRESS)C. W. Hopkins
Montgomery City Mo

20. FILED

Dec 1 1938 Mrs V A Cullom

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

II/11/38

19

22. I HEREBY CERTIFY, That I attended deceased from
July 15, 1938 to November 11, 1938I last saw her alive on November 11, 1938. Death is saidto have occurred on the date stated above, at 7 PM m.

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

1. Carcinoma of Stomach
2. Arterio-sclerosis

Date of onset
6-15-38

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No23. 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)

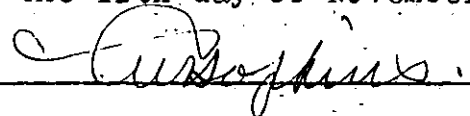
Bruce W. Mendenhall M. D.
Montgomery City, Missouri.

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

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

I herby certify that the body whos name is recorded on the reverse side
of this certificate was embalmed by me, on the 11th day of November 1938



License No. 1487

P.O. Montgomery City Mo.