REC'D MAR 2 0 1939

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

7120
Do not use this space.

1. PLACE OF DEATH
(a) County Macon 1 Registration District No. 533
(b) Township Macon Primary Registration District No. 3027 Registered No. 23
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leula Belle Baker

(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: Wh | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND of (OR) WIFE OF C. D. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 7" 1858

7. AGE: YEARS 81 | MONTHS 1 | DAYS 4 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Home wife
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co, Mo. 1

FATHER
13. NAME Watt Jamison 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Elizabeth Blackford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Said Baker Indianapolis Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Dale Cem DATE 2-13 1939 Shelby County Mo

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stephens & Goodding Macon, Mo

20. FILED 3/3 1939 Leota Rentfro Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11" 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1939 to Feb. 10 1939
I last saw her alive on Feb. 10 1939. Death is said to have occurred on the date stated above, at 4:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	2/6/39
Hypertension	
Generalized Arteriosclerosis	1920+

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy?

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) J. F. Turner, M. D.
(Address) Macon, Mo.

Licensed Embalmer's Statement on Reverse Side)

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.

MAR 10 1939

MAR 12 1939

RECEIVED
District Health Officer No. 10
District File Number 10-39-344
Date Filed MAR 14 1939

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 O. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Mo.

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

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