WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D AUG 9 1939

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

Do not use this space.

1. PLACE OF DEATH
County Scott
Township Richmond
City Sikeston
Registration District No. 821
Primary Registration District No. 4563
File No. 26978
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME Charlie M. 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 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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1938
7. AGE YEARS 1 MONTHS 4 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Sikeston Mo
FATHER
13. NAME Clifton Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tuniqua Mississippi
MOTHER
15. MAIDEN NAME Jessie M Woods
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi
17. INFORMANT (ADDRESS) Clifton Baker Sikeston Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston DATE July 13 1939
19. UNDERTAKER (ADDRESS) Willie Smith Sikeston Mo
20. FILED 8-4 1939 G W H Presnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1939
22. I HEREBY CERTIFY, That I attended deceased from 7-3, 1939, to 7-9-, 1939
I last saw him alive on July 9, 1939. Death is said to have occurred on the date stated above, at 5-10 m.
The principal cause of death and related causes of importance were as follows:
Calithis
Date of onset
114
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) J. F. Walker, M. D.
(Address) Sikeston Mo

RECEIVED
District Health Officer No. 2,
District File Number 839-125
Date Filed 8-7