

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
 Township Independence
 City Kennett (No.)

Registration District No. 288
 Primary Registration District No. 5400

File No. 32324
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence, No. Kennett no. St. Ward.
 (Usual place of abode)

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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. E. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 29-1868</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>8</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>
	13. NAME <u>Smith Hooks</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Priscilla Laster</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
17. INFORMANT (ADDRESS) <u>Kennett no. 202 Harrison</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge</u> DATE <u>9-14-1939</u>	
19. UNDERTAKER (ADDRESS) <u>Randal Mitchell</u> <u>Rectory, Kennett, Mo.</u>	
20. FILED <u>9-19-1939</u> <u>W. H. ...</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-13-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-8-1939 to 9-13-1939.
 I last saw her alive on 9-13-1939. Death is said to have occurred on the date stated above, at 11:40 a.m.
 The principal cause of death and related causes of importance were as follows:
myocardial failure
93%
 Date of onset

Other contributory causes of importance:
1. Generalized arteriosclerosis
2. Senility

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? no
 If so, specify
 (Signed) J. H. Keenan, M. D.
 (Address) Kennett, Mo.

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.

RECEIVED

District Health Officer No. 3,

District File Number 939-51

Date Filed 9/28/39