

22279

Do not use this space.

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

JUL 15 1940

1. PLACE OF DEATH  
County Mercer Registration District No. 558  
Township Harrison Primary Registration District No. 5749  
City Cainsville (No. R. F. D. 1) Sl. 31 Ward)  
2. FULL NAME Cathrine Baker  
(a) Residence, No. Princeton, Mo. St. Mo. R. F. D. # 4  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chambers M. Baker  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1867.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 2 24  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper  
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) Mercer County Missouri  
13. NAME Hiram Fletcher  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Kentucky  
15. MAIDEN NAME Mary Ann Clark  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Illinois  
17. INFORMANT (ADDRESS) Mrs. Stella Black Princeton, Missouri.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Goshen Cemetery DATED June 14, 1940  
19. UNDERTAKER (ADDRESS) Eddie F. Tolson Cainsville, Missouri  
20. FILED 7/12 1940 J.M. Petty Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1940  
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1940, to June 11, 1940  
Last saw her alive on June 11, 1940 Death is said to have occurred on the date stated above, at 11:00AM  
The principal cause of death and related causes of importance were as follows:  
Intestinal Obstruction Date of onset 3 days  
In carcinoma of Colon  
46  
Other contributory causes of importance: Carcinoma 3 yrs  
Primarily of Rectum + Colon  
Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. S. Duff \_\_\_\_\_ M. D.  
(Address) Cainsville, Missouri.

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.

