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.

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FILED FEB 17 1941

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

Do not use this space.

3728

1. PLACE OF DEATH
County Pemiscot — Registration District No. 653 — File No.
Township Organ — Primary Registration District No. 5866 — Registered No. 11
City (No. 1 St. 70 Ward)

2. FULL NAME Annie Fogle Baker
(a) Residence, No. Hayti Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1872
7. AGE YEARS 68 MONTHS 5 DAYS 16 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. Housewife
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) Thebes Ill

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) John Lester Hayti
18. BURIAL, CREMATION, OR REMOVAL
PLACE Hayti Rural DATE 1-17-41 19
19. UNDERTAKER (ADDRESS) Ray Funeral Home Hayti Mo. 946
20. FILED 1/17/41 19 Pearl Kelley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1941
22. HEREBY CERTIFY, That I attended deceased from Jan. 15, 1941, to Only, 19
I last saw her alive on Jan 15, 1941. Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-12

Other contributory causes of importance:
M. Lucas
Louise Stubblefield

Name of operation Date of
What test confirmed diagnosis? Exam & history 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) William F. Pitt M. D.
(Address) Hayti