

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

Do not use this space.

30160

PLACE OF DEATH

County Henry
Township Leesville
City Leesville (No.)

Registration District No. 347
Primary Registration District No. 5501A

File No.
Registered No. 112
St. Ward

2. FULL NAME Maggie A 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER (Don't know) Hay

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER " " " "

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) " " " "

14. INFORMANT J. L. Baker (Address) Coal - Mo

15. Oct-26-27 Dr. E. C. Seelar REGISTRAR
by J. L.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 19 1927 to Oct 12 1927 that I last saw her alive on Aug 27 1927 and that death occurred, on the date stated above, at 299 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
mitral regurgitation
131 129a
73/9 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no DATE OF None

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical, Microscopic
(Signed) T. J. Jennings, M. D.
Oct 15, 1927 Address Sheldon, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Debs Cemetery DATE OF BURIAL 10/13 1927

20. UNDERTAKER Spare & Son Clayton - Mo ADDRESS

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.

73

1927

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