

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

Do not use this space.

40418

1. PLACE OF DEATH

County Harrison Registration District No. 347
 Township Wichita Creek Primary Registration District No. 5495
 City (No.) St. Ward (No.)

File No.
 Registered No. 153

2. FULL NAME Francis Augustus Baker

(a) Residence. No. Wichita St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 10 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female white married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 - 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, hrs.	or min.
	79	9	5		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Blountsville, N.Y.
 (STATE OR COUNTRY)

10. NAME OF FATHER Harrison Briggs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N.Y.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Allen

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

14. INFORMANT Francis A. Baker
 (Address) Wichita

15. FILED 1-1-20 Dr. E. C. Peelor
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 9th, 1929, to Dec 21st, 1929 that I last saw her alive on Dec 20, 1929, and that death occurred, on the date stated above, at 8:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Insufficiency
778
1113 (duration) 5 yrs. mos. da.

CONTRIBUTORY (SECONDARY) hypertension
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) J. W. Galbreath, M. D.
 , 19 Wichita (Address)

*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 Wilton Cemetery DATE OF BURIAL 12-23-1929

20. UNDERTAKER H. P. Smith ADDRESS Wichita

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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