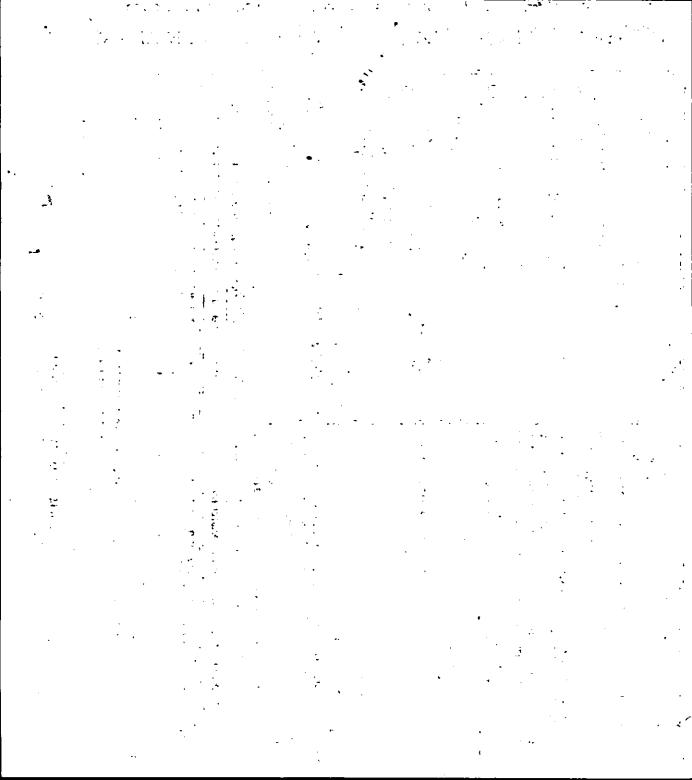
5EB ₹ 8 1935	BUREAU OF V	BOARD OF HEALT VITAL STATISTICS THE OF DEATH	H Do not t	use this space.
1. PLACE OF DEATH		23		48
CountyAudrain		on District No. 50 32 /1	File No	
Township Loutre		on District No. 2	Registered No	
City	•			
	Evelyn Wren Baker		***************************************	
(a) Residence, No (Usual place of abode)	se	.,	f nonresident, give city	
Length of residence in city or town	where death occurred yrs. mos.	ds. How long in U. S., if o	of foreign birth? yr	rs. mos. ds.
PERSONAL AND STA	TISTICAL PARTICULARS	MEDICAL CE	RTIFICATE OF D	DEATH
3. SEX 4. COLOR OR RA	CE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY	Y, AND YEAR) Jan.	15 .193
Anal White	Mario	22. I HEREBY CE	RTIFY, That I a	attended decessed fro
5A. IF MARRIED WIDOWED, OR DIVORCED HUSBAND OF	11 12 . 4	, 1	9, to	, 19
(OR) WIFE OF	HIJANIK	I last saw h alive on		
5. DATE OF BIRTH (GONTH, DAY, AND	YEAR) Oct. 13 1888 ITHS DAYS If LESS than 1	to have occurred on the date sta The principal cause of death and		
7. AGE YEARS MON	7 day,hrs.	11		Date of any
46 5	ormin.	Coroner's Case	tor border	veraigt
8. Trade, profession, or particular kind of work done, as spinn sawyer, bookkeeper, etc	er. HUS/Mill	We the Jury af evidence of 4	Mituesee .	neardine
9. Industry or business in whi	ch	the dead body		
saw mill, bank, etc		find that she	came to her	r death by
10. Date deceased last worked this occupation (month a	nd spent in this	Other contributory causes of imp	ortance:	
year)	occupation	peing accidints	ally burned	d, her clo
12. BIRTHPLACE (CITY OR TOWN)	mas and y	es becoming ign over the kitche day of January	nited while	- Working
E 13. NAME aller	WMaster	day of January	en stove or	T the Horn
E	Balashus & 2	Name of operation		
L (STATE OR COUNTRY)	11.3	23. If death was due to external	•••	
15. MAIDEN NAME MAN	drit Haden	Accident, suicide, or homicide?		_
16, BIRTHPLACE (CITY OR TOWN)	Bun 80	Where did injury occur?	(Specify city or town, co	ounty and State)
Σ (STATE OR COUNTRY)	H B MO	Specify whether injury occurred i		
17. INFORMANT	5. Musica mo	Manner of injury		·····
18. BURIAL, CREMATION, OR REMO		Nature of injury		
PLACE BUSTON BUS	M DATE / - / 7	24. Was disease or injury in any	way related to occupation	on of deceased?
19. UNDERTAKER 17-11 FULL	est & son	If so, specify		
(ADDRESS) 711	The state of the s	(Signody K, Maall (Address) Laddo)	Corone Aud	iraip M.
20. FILED 7 1935	Neva ffeccharon Registrar.	(Address) 上さいりり	ша, 130.	1,00
		<u></u>		



S. Traide, profession, or particular kind of work done, as spinner, sawyer, booksceper, etc.		ATE BOARD OF HEALTH OF VITAL STATISTICS TIFICATE OF DEATH ALL INFORMA FOR MUST BE THIS SUPPLEM	WRITTEN O
City (No. 2. FULL NAME (III nonresident, give city or town and Ste	County Lielrum Regis	51 420	
(a) Residence, No. (Usual place of a bode) Longtul of residence in city or town where death occurred yrs. mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (turife the word) DIVORCED (turife the word) 5. A. IF MARRIED, WIDOWED, OR DIVORCED (turife the word) 1. AGE 1. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (turife the word) 1. AGE 1. AGE 1. AGE 1. AGE 1. AGE 1. AGE 1. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. 2. In the control of the date stated above, at. m. m. aw mill, bank, etc. 3. SEX 1. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. 4. COLOR OR RACE 5. INCLE MARRIED, WIDOWED, OR DIVORCED 1. AGE 1.	City		
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED DIVORCED (write the word) 21. DATE OF EXPM (MONTH, DAY, AND YEAR) 7. AGE YEARS 8. Trace, profession, or particular day, production of the date stated above, at. 8. Trace, profession, or particular day, production of the date stated above, at. 9. Industry or business in which work was done, as salver, bookkeen as splaner, savyer, bookkeen of splaner, savyer, savyer, bookkeen of splaner, savyer, bookkeen of	(a) Residence, No (Usual place of abode)	(If nonresident, give city or to	
Divorced (write the word) 5A. IF MARRIED. WILDOWED, OR DIVORCED (IN) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE 8. Trade, profession, or particular kind of work done, as spinner, as pinner, as	PERSONAL AND STATISTICAL PARTICULA	MEDICAL CERTIFICATE OF DEA	гн
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 5. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS MONTHS DAYS MONTHS MONTH	// DIVORCED (write the	OR 21. DATE OF EATH (MONTH, DAY, AND YEAR)	/5 .19
HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS MONTHS DAYS If LESS than day, procession, or particular with the date stated above, at	SA. IF MARRIED, WIDOWED, OR DIVORCED		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than day, 196 Age of control of the date stated above, at	HUSBAND OF	M 1	
AGE YEARS MONTHS DAYS If LESS than any states of dean and related causes of importance were as day, before the profession, or particular kind of work done, as spianer, sawyer, bookkeeper, etc.	5. DATE OF BIRTH (MONTH, DAY, AND YEAR)	to have occurred on the date stated shove at	
kind of work done, as splaner, sawyer, bookkeeper, etc. 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). 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE DATE DATE 19. UNDERTAKER 17. Was disease or injury in any way related to occupation of deceased? If so, specify If so, specify 17. Was disease or injury in any way related to occupation of deceased? If so, specify If so, specify	· 7. AGE YEARS S MONTHS DAYS If L day, or	han the punction cause of death and related causes of important	Date of
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME Name of operation Date of		Home was not destroy	ed
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Date of What test confirmed dismosis? Was there an autopsy? 23. If death was due to internal causes (violence), fill in also the following accident, suicide, or homicide? Where did injury occur? (Specify city or town, grunty, and State) Specify whether injury occurred in industry, in home, or in public place. Communication Manner of injury Manner of injury Camman Acade Nature of injury Camman Acade 19. UNDERSTAKER If so, specify If so, specify If so, specify	work was done, as six mil, saw mill, bank, etc	Other contributory causes of importants:	
What test confirmed discussions? Was there an autopsy? Was there an autopsy? 23. If death was due to external causes (violence), fill in also the following Accident, suicide, or homiside? Accident Date of injury Accident Date of injury Accident Connection of Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. UNDERTAKER If so, specify. What test confirmed discussion? Was there an autopsy? What test confirmed discussion? Was due to external causes (violence), fill in also the following Accident, suicide, or homiside? Accident Date of injury Accident Date of injury Accident Connection of Injury	12. BIRTHPLACE (CITY OR TOWN)		
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23. If death was due to external causes (violence), fill in also the following accident, suicide, or homicide? It is also the following accident ac	I A BIRTHPLACE (CITY OR TOWN)	1	
15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE DATE DATE 19. UNDERTAKER Accident, suicide, or homidide?	1 (0	1) 8 757	
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Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER	15. BIRTHPLACE (CITY OR TOWN)	(Specify city or town, county,	and State)
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PLACE DATE 19 24. Was disease or injury in any way related to occupation of deceased? If so, specify 19. UNDERTAKER	(ADDRESS)	Manner of injury accldental tour	
19. UNDERTAKER If so, specify		- 11	
		If so, specify	••••••
20. FILED Jan 17, 1935 News Hutcherson (Address)		(Signed)	•

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