REC'D SEP 26 1938

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

Do not use this space.

1. PLACE OF DEATH
County Laclede
Township South
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 277
Primary Registration District No. 5611

File No. 29307
Registered No. 5

2. FULL NAME Alice May 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. 4 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: —

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

7. AGE: YEARS | MONTHS | DAYS: 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Smith twp Laclede Co Mo

FATHER

13. NAME: Ward Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Laclede co Mo

MOTHER

15. MAIDEN NAME: madge Noble
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

17. INFORMANT (ADDRESS): Ward Baker Lebanon Mo R 5

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cox Cemetery DATE Aug 24 1938

19. UNDERTAKER (ADDRESS): none

20. FILED Aug 24 1938 C. E. Carlton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1938, to Aug 23, 1938
I last saw her alive on Aug 19, 1938. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Ruptured Membrane at 8th month Gestation	

Other contributory causes of importance: 159

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) C. E. Carlton, M. D.
(Address) Stoutland Mo

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED
District Health Officer No. 7,
District File Number 7-38-94
Date Filed 9/1/38

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

29308
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede Registration District No. 277
(b) Township Lanark Primary Registration District No. 36 11 Registered No. 5
(c) City ..... (d) Street No. ....., ... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice May Baker
(a) Residence, No. ..... St. [ ]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-21-1938

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as 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)

FATHER
13. NAME Ward Baker
14. BIRTHPLACE (CITY OR TOWN) Laclede (STATE OR COUNTRY) Mo

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

17. INFORMANT ..... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19....

19. FUNERAL DIRECTOR ..... (ADDRESS)

20. FILED 10-27, 1938 C. E. Carlton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-23, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) C. E. Carlton, M. D.
(Address) .....

SUPPLEMENTARY

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.