

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

Do not use this space.

1981

1. PLACE OF DEATH

County Moniteau Registration District No. 43365770 File No. _____
 Township Moran Primary Registration District No. 1095 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Mary 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-4-1930

17. I HEREBY CERTIFY, That I attended deceased from _____
1-1-1930, 1930, to 1-4-1930, 1930
 that I last saw her alive on 1-4-1930, and that
 death occurred, on the date stated above, at 3:18 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
Advanced age
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Home of Son
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Stethoscope Exam.
P.C. Ferris, M. D.
 (Signed) _____
1-5-1930 (Address) Clarksburg, 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 Cedar Hill Cemetery DATE OF BURIAL 1-6-1930

20. UNDERTAKER Jewell E. Richards ADDRESS Lupton, Mo.

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Baker
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 1936
 7. AGE YEARS 94 MONTHS 0 DAYS 2 LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany

10. NAME OF FATHER John J. Baker
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

14. INFORMANT Mr. John Baker (Address) Clarksburg, Mo.

15. FILED 1-6-1930 J.C. Muffin REGISTRAR

STATE OF MISSOURI, COUNTY OF MONITEAU, BEING THE PLACE WHERE THE DECEASED WAS BORN AND RESIDED AT THE TIME OF DEATH, I, J. C. MUFFIN, REGISTRAR, DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD AS KEPT IN THE OFFICE OF THE REGISTRAR AT CLARKSBURG, MISSOURI.

