

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

Do not use this space.

21229

**1. PLACE OF DEATH**

County Moniteau Registration District No. 1095  
 Township \_\_\_\_\_ Primary Registration District No. 4376  
 City Clarksburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME Johanna 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~  
 HUSBAND OF \_\_\_\_\_  
 (OR) WIFE OF John M. Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 24, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	66	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) September, 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John M. Baker  
 (ADDRESS) Clarksburg, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Clarksburg DATE 6 / 14 / 1934

19. UNDERTAKER Jamell E. Richards  
 (ADDRESS) Clarksburg, Mo

20. FILED June 13, 1934 J. C. Martin  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 13th, 1934

22. I HEREBY CERTIFY That I attended deceased from 7-25-1933 to 6-13-1934  
 I last saw her alive on 6-13-1934 Death is said to have occurred on the date stated above, at 3: A. m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver  
124 B

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) P. E. Francis, M. D.  
 (Address) Clarksburg, Mo.

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. JUL 10 1934

