

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.

JUN 21 1933

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

Do not use this space.

19131

1. PLACE OF DEATH

County Carroll
Township Carrollton
City Carrollton (No. 3010)

Registration District No. 135

Primary Registration District No. 3010

File No. 51

Registered No. 51

St. Mo. Ward. 3

2. FULL NAME

Clara Lavina Baker

(a) Residence, No. St. Ward. 3
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1889

7. AGE YEARS 43 MONTHS 9 DAYS 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. at Home

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) Tipton Mo.

13. NAME John Marshall

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

15. MAIDEN NAME Alice Thomas

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

17. INFORMANT (ADDRESS) Alice Messerly Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Tipton Mo. DATE June 23, 1933

19. UNDERTAKER (ADDRESS) Standley Carrollton Mo.

20. FILED 6-23 1933 Mrs. C. E. Darheim Registrar.

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-4-33, 1933, to 6-21-33, 1933

I last saw him alive on 6-21, 1933 Death is said to have occurred on the date stated above, at 2:15 p.m.

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

Acute peritonitis, General Date of onset 6-2-33

Appendicitis, Acute 121 6-1-33

Other contributory causes of importance:

Appendicitis, Acute

Name of operation Appendectomy Date of 6-1-33

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, 1933

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) H. B. Deveraux, M. D.

(Address) Carrollton, Mo.

