

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

Do not use this space.

**MAR 24 1934**

**1. PLACE OF DEATH**

45  
4  
2

County Howard Registration District No. 379  
 Township Chariton Primary Registration District No. 4223  
 City Glasgow (No. ....) St. .... Ward)

File No. 952-3  
 Registered No. ....

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred - yrs. 10 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis Williams  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25, 1871  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
62 3 21

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) Dec 1933 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow Mo

13. NAME George Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky Missouri

15. MAIDEN NAME Caroline T Baker

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

17. INFORMANT Irene Butner (ADDRESS) Glasgow Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo DATE Jan 18, 1934

19. UNDERTAKER Wiggins & Anderson (ADDRESS) Glasgow Mo.

20. FILED 2-7, 1934 Dorsey Temple Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 7, 1934 to Jan 15, 1934  
 I last saw him alive on Jan 15, 1934. Death is said to have occurred on the date stated above, at 4:00 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage 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 .....  
 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? no  
 If so, specify

(Signed) W. R. Hawkins, M. D.  
 (Address) Glasgow Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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