

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

Do not use this space.

29058

**1. PLACE OF DEATH**

410

County Grundy  
Township Lincoln  
City..... (No. .... St. .... Ward)

Registration District No. 332  
Primary Registration District No. 5462

File No. ....  
Registered No. 6 .....

**2. FULL NAME**

Minnie 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? 5 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 11 1846</u>		
7. AGE	YEARS <u>86</u>	MONTHS <u>3</u>
	DAYS <u>1</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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..... <u>10</u>

12. BIRTHPLACE (CITY OR TOWN) Ball Pussia Germany  
(STATE OR COUNTRY)

FATHER 13. NAME Daniel Tornow

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

MOTHER 15. MAIDEN NAME Regina Yemanan

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

17. INFORMANT Mrs W. D. Horn  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodbine Iowa DATE Sept 11 1932

19. UNDERTAKER Chas. C. Schuster  
(ADDRESS) Springfield Mo.

20. FILED Sep 20 1932 Mamie Viddle  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1931, to Sept 10 1932  
I last saw her alive on Sept 6 1932 Death is said to have occurred on the date stated above, at 11:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis and Chronic Nephritis 1930  
Date of onset  
1931  
7/29  
Other contributory causes of importance: 131

Name of operation None Date of 4  
What test confirmed diagnosis? 4 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? 4 Date of injury 4 1932  
Where did injury occur? 4  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 4  
Nature of injury 4

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify 229  
(Signed) Cliff. J. M. Clavelon M. D.  
(Address) Springfield 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.

OCT 26 1932

