

NOV 01 1935

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

Do not use this space.

32296

1. PLACE OF DEATH

County Davecess  
Township Wellsboro  
City Wellsboro (No. ....)

Registration District No. 255  
Primary Registration District No. 5357

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

John Porter 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 <u>Male</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>Marjaha Baker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11 1862</u>				
7. AGE	YEARS <u>73</u>	MONTHS <u>8</u>	DAYS <u>24</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
	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) <u>Ohio</u>
MOTHER FATHER 13. NAME <u>Abeliah Baker</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn</u>
MOTHER 15. MAIDEN NAME <u>Rachell Burns</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
17. INFORMANT <u>Daughter Mrs Fred Hunsicker</u> (ADDRESS) <u>Weatherly mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Weatherly mo</u> DATE <u>Oct 7 1935</u>
19. UNDERTAKER <u>Kate Stroup</u> (ADDRESS) <u>Windsor mo</u>
20. FILED <u>Oct 6 1935</u> <u>Fred H. Wilson</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Oct 5, 1935

I last saw h. a. m. alive on Oct 4, 1935 Death is said

to have occurred on the date stated above, at 5:30 p. m.

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

chronic myocarditis  
930  
Date of onset Probably 8 or 10 years

Other contributory causes of importance: Senility & Cystitis

Name of operation none Date of .....

What test confirmed diagnosis Phy. Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

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) Fred H. Wilson, M. D.

(Address) Windsor. 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.

10000-1-23-35

