

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

PLACE OF DEATH

County Knox

Township Juddo

Village _____

City _____ (NO. _____)

Registration District No. 444

Primary Registration District No. 5604

File No. 10923

Registered No. 11

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Earl Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Jan 2 (Month) 1911 (Day) (Year)

AGE 3 yrs. 3 mos. 3 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE (City or town, State or foreign country) Knox Co Mo

NAME OF FATHER S F Baker

BIRTHPLACE OF FATHER (City or town, State or foreign country) Pioga Ill

MAIDEN NAME OF MOTHER Hettie Bishop

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sidney T Baker

(ADDRESS) Knox City Mo

Filed Mar 31, 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 30, 1911, to Mar 30, 1911, that I last saw him alive on Mar 30, 1911, and that death occurred, on the date stated above, at 4 pm. The CAUSE OF DEATH* was as follows:

Stomach & Bowel Trouble

1191 (Duration) 1 wks. 1 mos. 3 ds.

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) W Rial McKen M. D. Mar 30, 1911 (Address) Knox City Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Bee Ridge Cemetery DATE OF BURIAL Mar 31, 1911

UNDERTAKER W. M. Seeger ADDRESS Knox City

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

County Knox
Township Jeddo
or
Village
or
City

Registration District No. 444
Primary Registration District No. 5604

File No. 10923
Registered No. 11

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Carl T Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE ☒ MARRIED ☐ WIDOWED ☐ OR DIVORCED ☐ (Write the word)
DATE OF BIRTH 1-2-1911
(Month) (Day) (Year)
AGE 3 yrs. 3 mos. 2 ds. IF LESS than 1 day, hrs. or min. 2

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Knox Co Mo

PARENTS
NAME OF FATHER S H Baker
BIRTHPLACE OF FATHER (City or town, State or foreign country) Poga, Ill
MAIDEN NAME OF MOTHER Hattie Bishop
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edw A Baker
(ADDRESS) Knox City

Filed March 31 1911 J R Northcutt

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/31, 1911
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from 3/31, 1911, to 3/31, 1911, that I last saw him alive on 3/31, 1911, and that death occurred, on the date stated above, at 8 m.

The CAUSE OF DEATH* was as follows:

Stomach & bowel trouble
(Duration) yrs. mos. ds.

Contributory

(SECONDARY) (Duration) yrs. mos. ds.
(Signed) Wm M Reynolds M.D.
3/31, 1911 (Address) Knox City Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Wm Ridge Cem DATE OF BURIAL 3/31 1911

UNDERTAKER Wm Meyer ADDRESS Knox City

Original file, date 3-31-1911

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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