

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

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1. PLACE OF DEATH
 County North Registration District No. 905 File No. 22921
 Township Allen Primary Registration District No. 6216 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME James M. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roseland Warren

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 - 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

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

PARENTS

10. NAME OF FATHER John T. Baker
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Emma Devore
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

14. INFORMANT Deputy M. L. Hough
 (Address) _____

15. FILED Sept 8 1925 REGISTRAR L. Hough

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1925

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1925 to July 16, 1925 but I last saw him alive on July 15, 1925 and that death occurred, on the date stated above, at 9 A. m. 1381

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Poison 1371

 _____ (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Radney and Blady's
disengagement (duration) yrs. mo. age ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. M. Osmond, M. D.
 , 19 _____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Freeman Chapel DATE OF BURIAL July 19 1925
 20. UNDERTAKER Bran Bros. ADDRESS Deuver

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.

