

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

Do not use this space.

37621

1. PLACE OF DEATH

County... Montgomery ...
 Township...
 City... 11 ... (No. ...)

Registration District No. 592
 Primary Registration District No. 4350

File No. 36
 Registered No. ...
 St. ... Ward)

2. FULL NAME

Douglas S. 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 13 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Susie Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

4/4/1884

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

73

8

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

near Montgomery Mo.

10. NAME OF FATHER

Alvin C Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Montgomery Co.

12. MAIDEN NAME OF MOTHER

Virginia Stevens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

near Leesburg Mo.

PARENTS

14. INFORMANT

Edward Baker
 (Address) Montgomery City Mo.

15. SIGNATURE

Dr. Bentley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12-25-1927

17.

I HEREBY CERTIFY, That I attended deceased from 4/4, 1921, to Dec. 25, 1927, that I last saw him alive on Dec. 25, 1927, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis, chronic

43c

9013

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, ...

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Paul E. Murphy, M.D.

Dec. 31, 1927 (Address) Montgomery Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Montgomery City, Cemetery
 201 UNDERTAKER

12/27 1927
 ADDRESS

W. H. Hoppin Montgomery 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.

