

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 831

Do not use this space.

1. PLACE OF DEATH

County Shelby
 Township Black Creek
 City Shelbyville (No., ... St. Ward)

Registration District No. 431
 Primary Registration District No. 4504

File No. 39181
 Registered No. 20

2. FULL NAME

Edwin 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) Married

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

Mat Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 9 14

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Boonville Ky

PARENTS

10. NAME OF FATHER Geo. Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boonville Ky

12. MAIDEN NAME OF MOTHER Becky Mauer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boonville Ky

14. INFORMANT Mrs. Mat Baker

(Address) Shelbyville, Mo.

15. FILED Dec 12 1927 C. S. Baker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11, 1927

17. I HEREBY CERTIFY, That I attended deceased from about Oct 10, 1927, to Dec 11, 1927, that I last saw him alive on Dec 11, 1927, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

CONTRIBUTORY (SECONDARY) Chronic myocarditis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. X

DID AN OPERATION PRECEDE DEATH. no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. none

(Signed) P. G. Archer, M. D.

12-12, 1927 (Address) Shelbyville 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

Old O. F. Cemetery

DATE OF BURIAL

Dec. 13 1927

20. UNDERTAKER

J. H. Thompson

ADDRESS

Shelbyville 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.

1891

1892

1893

1894

1895

1896

1897