

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 395
Township Blue Primary Registration District No. 3019
City Independence (No. Judith Sanatorium)

File No. 27161
Registered No. 307 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 539 Truman St., _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. _____ da. How long in U.S., if of foreign birth? yrs. mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs Elizabeth Baker</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 7th 1849</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>6</u>	DAYS <u>17</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Richmond Va</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>Edwin Baker</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>no data</u>		
12. MAIDEN NAME OF MOTHER <u>no data</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u>no data</u>		

14. INFORMANT Fred Baker
(Address) 539 Truman st

15. FILED 8/25-28 F. T. COOK
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/24/28 19__

17. I HEREBY CERTIFY, That I attended deceased from 6/15, 1928, to 8/24, 1928, that I last saw him alive on 8/23, 1928, and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Failure due to
Chronic Myocarditis 93
Arteriosclerosis 121
(duration) yrs. mos. da. 45

CONTRIBUTORY (SECONDARY) Nephritis Chronic
(duration) yrs. mos. da. _____

18. WHERE WAS DISEASE CONTRACTED?
1290
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & alone
(Signed) J. Gleason, M. D.
8/24, 1928 (Address) Fairmount 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 <u>Mt Washington Cen</u>	DATE OF BURIAL <u>8/25/28</u>
20. UNDERTAKER <u>W. J. Mayberry Co</u>	ADDRESS <u>KC Mo</u>

RECORDING INSTRUMENTS 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.

26 1928

SECRET