FEB 21 1929

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

Do not use this space.

257

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.:

Township: — Primary Registration District No.: 1001 — Registered No.: 14

City: St. Joseph, (No. 1304 No. 13th. St. St. Ward)

2. FULL NAME: Andrew J. Baker

(a) Residence. No. 1304 N 13 St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

WRITE PLAINLY, WITH UNFADING INK---THIS 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.

11 6 9 73 1 31 31

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May, 17, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	84	7	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Plumber, retired

(b) General nature of industry, business, or establishment in which employed (or employer): 10 yrs.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co, Mo.

PARENTS

10. NAME OF FATHER: Isaac Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Elixabeth Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: John L. Baker
(Address): Chicago, Ill.

15. FILED JAN 4 1929, 19... John G. Jeth, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan, 3, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1928, to Jan 3, 1929 that I last saw him alive on Jan 2, 1929, and that death occurred, on the date stated above, at 6.00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Metastatic Liver

44 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma Colon. Removed at oper. May 1928 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes. DATE OF May 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) F H Fraser, M. D

1/4, 1929 (Address) St. Joseph 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: Ashland Cemetery — DATE OF BURIAL: Jan, 5, 1929

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.