

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

Do not use this space.

1237

**1. PLACE OF DEATH**

County Harrison  
Township White Oak  
City (No. ....) (Ward) .....

Registration District No. 340  
Primary Registration District No. 5496

File No. ....  
Registered No. ....

**2. FULL NAME**

William 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. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	75	11	27	

**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)**

(STATE OR COUNTRY) Inda

10. NAME OF FATHER Dont no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont no

12. MAIDEN NAME OF MOTHER Mary Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont no

14. INFORMANT S E Baker  
(Address) New Hampton

15. FILED Feb 11 1929 J W W REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 12, 1929, to Jan 21, 1929, that I last saw him alive on Jan 17, 1929, and that death occurred, on the date stated above, at 1-15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uremic Coma  
131  
132 B

(duration) yrs. mos. da. 4 da.  
CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis  
(duration) yrs. mos. da. 15 yrs.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W E Wilson M. D.  
Jan 21 1929 (Address) New Hampton Md

\*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

Mattins Jan 22 1929  
20. UNDERTAKER W & Noble ADDRESS New Hampton Md

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.

PERMANENT RECORD

1929  
4004

1  
2  
3  
3

