

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

Do not use this space.

FEB 25 1929 5288

1. PLACE OF DEATH

County Wright Registration District No. 908
 Township Mountain Grove Primary Registration District No. 6272
 City Mountain Grove Mo.

File No. _____
 Registered No. 9
 St. _____ Ward _____

2. FULL NAME

Karen H. 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 married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 | 2 | 18

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Chicago, Ill.
 (STATE OR COUNTRY)

10. NAME OF FATHER John B Baker

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

12. MAIDEN NAME OF MOTHER Waltham Steer

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

14. INFORMANT Mrs H Baker
 (Address) Mountain Grove Mo

15. FILED 1/30 1929 J. H. Hubbard
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1929

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
94A
angina pectoris
giving rise to sudden
death, being (duration) inst. yrs. mos. ds.
due to

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

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

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

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) J. H. Hubbard, M. D.

428, 1929 (Address) Mountain Grove 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 Fairview DATE OF BURIAL Jan 26 1929

20. UNDERTAKER H R Botter ADDRESS Mountain Grove

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.

RECORD WITH CHANGING INDEX THIS IS A PERMANENT RECORD

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