

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

Do not use this space.

11275
10

1. PLACE OF DEATH

County Jefferson
Township Rock
City St. Louis

Registration District No. 429
Primary Registration District No. 5578

File No. 10
Registered No. 11275
St. St. Louis Ward 10

2. FULL NAME

William D. Baker
(a) Residence. No. Kennett Mo 1974 St Ward 10
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
68 6 17 or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hillsboro Mo
(STATE OR COUNTRY) Jeff Co

10. NAME OF FATHER John W Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashington Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susan Hurst

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson Co Mo
(STATE OR COUNTRY)

14. INFORMANT John R. Baker
(Address) Kennett Mo

15. 3/25 FILED 1939 H. M. Ebel

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 11 to Feb 12 1929
that I last saw him alive on Feb 20 1929, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Tumor

92A (duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 92A
IF NOT AT PLACE OF BIRTH 92A

8 DID AN OPERATION PRECEDE DEATH? 92A DATE OF 92A

WAS THERE AN AUTOPSY? 92A

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. D. Hurst M.D.
, 19 Jeff 10120 R8760 (Address)

*State the DISEASE CAUSING DEATH or in deaths from VIOLENT CAUSES, state (1) MANNER AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richardson Cemetery DATE OF BURIAL Mar 17 1929

20. UNDERTAKER John B. Koch ADDRESS Jefferson 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.

WRITE PLAINLY, WITH INK—THIS IS A VITAL RECORD

