

PR 30 1929

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

Do not use this space.

11935

1. PLACE OF DEATH

County Putnam
Township Frank
City Lionia (No.)

Registration District No. 770
Primary Registration District No. 6234

File No.
Registered No. 13 St. Ward)

2. FULL NAME

John G. 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 24 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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Barrie Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 4 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mngr Service Station
(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) Knox County, Mo

10. NAME OF FATHER

Jacob Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) on known

12. MAIDEN NAME OF MOTHER

Elizabeth Smart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) on known

14.

INFORMANT Carrie Baker
(Address) Lionia Mo

15.

FILED 4-5-29 E.E. McCallan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-27 1929, to 3-5 1929
that I last saw him alive on 2-27 1929 and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Myocardial infarction

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. J. Hart M. D.
, 19 (Address) Lionia 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

St John

20. UNDERTAKER

Fullbrook

DATE OF BURIAL

March 7 1929

ADDRESS

Lionia

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.

