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

Do not use this space.

17547

File No.

Registered No.

1. PLACE OF DEATH

County Cass Registration District No. 161

Township Dayton Primary Registration District No. 5226

City (No. , St. Ward)

2. FULL NAME Richard D. Baker

(a) Residence. No. St., Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20, ~~1929~~ 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	65	2	6	

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)
(STATE OR COUNTRY) N. Car.

PARENTS

10. NAME OF FATHER John Baker

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

12. MAIDEN NAME OF MOTHER Anna York

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

14. INFORMANT Elwood Smith
(Address) Garden City Mo.

15. FILED June 4 1929 Mrs. L. W. Wagner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to May 26, 1929, that I last saw h[illegible] alive on May 26, 1929, and that death occurred, on the date stated above, at 8:30 P. M.,

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Regurgitation

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Physical Findings

(Signed) Geo. W. Griffith M. D

, 19 (Address) Garden City 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 Dayton Cemetery | DATE OF BURIAL May 28, 1929

20. UNDERTAKER J.M. Kauffman | ADDRESS Garden City, 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.