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1929
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.

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

Do not use this space.

20434
18

1. PLACE OF DEATH

County Shelby
Township Blackhawk
City Shelbyville (No.)

Registration District No. 831
Primary Registration District No. 4584

File No.
Registered No.
St. Ward)

2. FULL NAME

Cornelius Steward 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-4-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 28

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) Union Oak Dale
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Reuben Baker

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

12. MAIDEN NAME OF MOTHER Margaret M. Huggins

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

14. INFORMANT Mrs. C. S. Baker
(Address) Shelbyville, Mo.

15. FILED May 2, 1929 Ernest A. Haverstick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1929, to May 2, 1929
that I last saw him alive on May 1, 1929, and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Tumor of kidney malignant and primary

5/1/29 (duration) 5 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 4/1/29 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) P. B. Archer, M. D.

5-2, 1929 (Address) Shelbyville, 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 Oak Dale Cemetery DATE OF BURIAL May 8 1929

20. UNDERTAKER J. W. Thompson Son ADDRESS Shelbyville, Mo.

