

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

Do not use this space.

28588

1. PLACE OF DEATH

County Pike
Township Union
City Beauregard (No.)

Registration District No.
Primary Registration District No. 3912

File No.
Registered No. 39
St. Ward)

2. FULL NAME

Bert C. 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. R. C. Balcher</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE <u>53</u>	YEARS <u>4</u>	MONTHS <u>4</u>
DAYS <u>1</u>		IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Harin Baker</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	12. MAIDEN NAME OF MOTHER <u>Frances Caylor</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>

14. INFORMANT Mr. R. C. Baker
(Address) Bowling Green
15. FILED 9/10, 1929 W. B. Summerhays
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31st, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1929, to Aug 31st, 1929, that I last saw him alive on Aug 30th, 1929, and that death occurred, on the date stated above, at 8:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Liver

44-10-1-1 (duration) 1 yrs. 1 mos. 1 ds.
CONTRIBUTORY (SECONDARY) Chr. interstitial nephritis
(duration) 6 yrs. 6 mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. No

1 DID AN OPERATION PRECEDE DEATH? Yes DATE June, 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Biopsy operation

(Signed) J. B. Briggs, M. D.

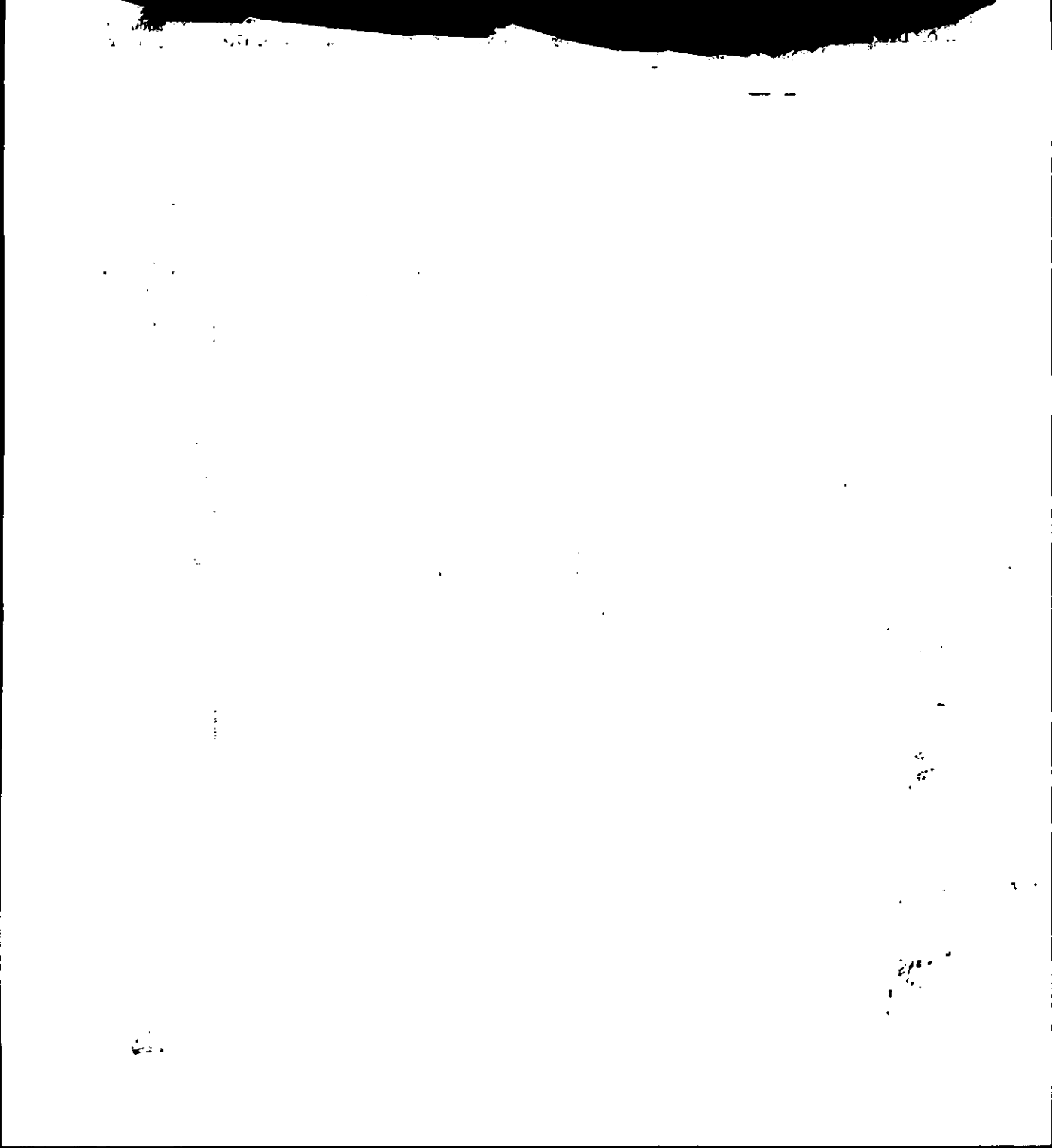
(Address) Bowling Green, Mo.

State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Curryville Cent., 8 - 1929

20. UNDERTAKER Grace Bankhead ADDRESS Bowling Green, Mo.



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Dike
Township Union
City Union (No.)

Registration District No. 684
Primary Registration District No. 5912

File No.
Registered No. 39
St. Ward

2. FULL NAME

Beit L. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 5-5-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(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)

10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 9/10/29 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1929

17. I HEREBY CERTIFY That I attended deceased from 1929 to 1929
(that I last saw h. alive on , 1929, and that death occurred, on the date stated above, at m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) , M. D.
 , 19 (Address)

*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 DATE OF BURIAL 19
20. UNDERTAKER ADDRESS

N. B. - Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REC. FILED FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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