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

Do not use this space. Burge

File No. 36741

Registered No. 11

1. PLACE OF DEATH
County: Dallas
Township: Washington
City: Long Lane No. ..... St. ..... Ward)
Registration District No. 247
Primary Registration District No. 5342

2. FULL NAME: Virgil James 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.

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.

30 1929

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 16-1928

7. AGE: Years 1 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

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): Dallas Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Samuel Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ~~Dallas~~
(STATE OR COUNTRY): Kansas
12. MAIDEN NAME OF MOTHER: L. E. Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dallas Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Samuel Green
(Address): Long Lane

15. FILED 12-10 1929 J. Talbot REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 27-1929

17. I HEREBY CERTIFY, That I attended deceased from 11-26-, 1929, to 11-26-, 1929, that I last saw h. alive on 11-26-, 1929, and that death occurred, on the date stated above, at 9 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Heart Disease
92A
..... (duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None
..... (duration) ..... yrs. ..... mos. ..... ds.

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) O. C. Burge, M. D
12-2-, 1929 (Address) Country 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: Liberty Cemetery | DATE OF BURIAL: 11-28 1929

20. UNDERTAKER: R. B. Jones | ADDRESS: Buffalo