

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

Do not use this space.

41201

PLACE OF DEATH

County Knott
Township Buck
City (No.)

Registration District No. 447
Primary Registration District No. 5607

File No.
Registered No.
St. Ward

2. FULL NAME George Wesley Baker Jr.
(a) Residence No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. 12 da. How long in U.S., if of foreign birth? yrs. 5 mos. 12 da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 25-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
 5 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Plasma
(STATE OR COUNTRY) Knott Co. Mo.

10. NAME OF FATHER George W. Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelby Co. Mo.
(STATE OR COUNTRY) Shelby Co. Mo.

12. MAIDEN NAME OF MOTHER Dolly May Brerigo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shelby Co. Mo.
(STATE OR COUNTRY) Shelby Co. Mo.

14. INFORMANT Geo W. Baker
(Address) Plasma Mo.

15. FILED Dec 27 1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from June 25, 1929, to Dec 7, 1929.
that I last saw him alive on Dec 7, 1929, and that death occurred, on the date stated above, at 12:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Monstrous
1597D
(duration) from birth

CONTRIBUTORY (SECONDARY) 15901
(duration) yrs. mos. da.

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?

(Signed) C. C. Clifton, M. D.

, 19 (Address) North Ky. 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 Plasma View
Plasma Mo. DATE OF BURIAL Dec. 9 1929

20. UNDERTAKER Brothers Emminger ADDRESS North Ky. 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.

