

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

Do not use this space.

1085

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township St. Louis Primary Registration District No. 2462
City St. Louis (No. 2462) Precinct Jeffrey

File No. _____
Registered No. 70
St. _____ Ward _____

2. FULL NAME

Joseph W. Baker
(a) Residence No. 1218 East 9th St. 2. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m **4. COLOR OR RACE** wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Eliza J. Baker
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>70</u>	<u>3</u>	<u>21</u>	

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) + Sheriff Bates Co. Mo.
(c) Name of employer _____

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

10. NAME OF FATHER Zephaniah Baker

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

12. MAIDEN NAME OF MOTHER Margaret Hale

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

14. INFORMANT Mrs. Eliza J. Baker
(Address) 2462 Jeffrey

15. FILED J 7 19 30 M. M. Crable
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1930, to Jan 4, 1930, that I last saw him alive on Jan 4, 1930, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
74 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) G. B. Pustertany M.D.

*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 Butler, Mo **DATE OF BURIAL** Jan 9 1930

20. UNDERTAKER D. H. Newcomer's
ADDRESS N. E. 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.

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the
any time