

MAR 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois  
Township 1  
City ..... (No. .....)

Registration District No. 773  
Primary Registration District No. 4464

File No. 6151  
Registered No. 28  
St. ..... Ward .....

2. FULL NAME

Billy Gardner 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24 - 1925

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.  
4 7 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Farmington, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER W. L. Baker

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

12. MAIDEN NAME OF MOTHER Jessie Meeseal

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

14. INFORMANT W. L. Baker  
(Address) Farmington Mo.

15. FILED 277 1930 B. J. Robinson  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1930 to Feb 16 1930 that I last saw him alive on July 16 1930, and that death occurred, on the date stated above, at 10:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Septic adenitis  
Followed by general  
198 septicemia  
56 (duration) yrs. 7 mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Culture  
(Signed) Rappaport M. D.  
Feb 17 1930 (Address) Jessie Meeseal

\*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 Fletcher, Mo. DATE OF BURIAL Feb 18 1930

20. UNDERTAKER Farmington, Mo. ADDRESS Farmington Mo.

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.

