

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.

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

Do not use this space.

9454

1. PLACE OF DEATH

County Macon  
Township Hudson  
City Macon (No. 233)

Registration District No. 233  
Primary Registration District No. 2713

File No. 35-  
Registered No. 35-  
St. Macon Ward 2

2. FULL NAME

Andrew Baker

(a) Residence. No. 2 St. Macon Ward 2  
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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) Oct. 22 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 5 -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor  
(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) Mo.

10. NAME OF FATHER

James Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Mahulda Jane Roberts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT

(Address) Macon Mo.

15.

FILED

3/31 30 Mrs. Luke Gunkle  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 19 30

17. I HEREBY CERTIFY, That I attended deceased from Mar. 15 22 to March 22 19 30, to 19 that I last saw him alive on March 22 19 30 and that death occurred, on the date stated above, at 8 20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Lobar Pneumonia  
108

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF March 22

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. W. Reagor, M. D.

(Address) 3/24 30

\*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

Mt. Olive Cem

3/24 19 30

20. UNDERTAKER

ADDRESS

Stephen & Laddie Macon Mo.

