

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

Do not use this space.

12019

MAY 23 1930

PLACE OF DEATH

County Chariton
Township Keytesville
City..... (No.....)

Registration District No. 171
Primary Registration District No. 5237

File No.....
Registered No. 17
St..... Ward)

2. FULL NAME

Andrew Johnson Baker

(a) Residence. No. Keytesville mo. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 4 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) West Virginia

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) Mrs Julia Baker Keytesville mo.

15. FILED April 30 Zethie Sreed REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25 19 30

17. I HEREBY CERTIFY, That I attended deceased from 2 1929 to 4-15-30 1930 that I last saw him alive on 4-13-30, and that death occurred, on the date stated above, at 7 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiovascular disease

131 (duration) 1 yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Senility
(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) A. W. Gillman M. D.
April 17, 1930 (Address) Keytesville

*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 Bennett Cemetery mo. DATE OF BURIAL 4/17 1930

20. UNDERTAKER S. Murrie ADDRESS Salisbury mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

