

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

Do not use this space.

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1. PLACE OF DEATH

County..... **Johanson** Registration District No. **431**
 Township..... **Warrensburg** Primary Registration District No. **5-5-88**
 City..... **Warrensburg** (No.) St. Ward)

File No.....
 Registered No.....

2. FULL NAME..... **Hubert N Baker** Ward.
 (a) Residence. No. **Pertle Springs, (Near Wbgl)** SL. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **all life** yrs. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX..... **F** **4. COLOR OR RACE**..... **W** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word)
Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF..... **Rome Hampton (Baker)**

6. DATE OF BIRTH (MONTH, DAY AND YEAR)..... **Jan, 18, 1896**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 : **2** : **20**

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

9. BIRTHPLACE (CITY OR TOWN)..... **Warrensburg,**
 (STATE OR COUNTRY)..... **Missouri.**

10. NAME OF FATHER..... **W. T. Baker**

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY)..... **Iowa.**

12. MAIDEN NAME OF MOTHER..... **Anna Smith**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY)..... **Illinois,**

14. INFORMANT..... **W. T. Baker**
 (Address)..... **Warrensburg, Mo**

15. FILED..... **4/11, 30** **Wm. D. Patterson**
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)..... **April, 7** 19**30**

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... **11-15** P..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

A. Blow on the head inflicted by persons or persons unknown to the jury Coroners Jury

1752 ✓ (duration)..... yrs..... mos..... ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

§ DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHY TEST CONFIRMED DIAGNOSIS.....
 (Signed)..... **Edward Benson**..... M. D.

4-88, 19**30** (Address)..... **Holden 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..... **Blackwater Cemetery**..... **DATE OF BURIAL**..... **4/11/30**, 19**30**

20. UNDERTAKER..... **Sweeney-Gore Co. Warrensburg.**
 ADDRESS.....

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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MAY

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Johnson Registration District No. 431 File No.
 Township Warrensburg Primary Registration District No. 5-5-88 Registered No.
 City (No.) St. Word)

2. FULL NAME Hubert N. Baker
 (a) Residence. No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Div

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

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

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1930

17. I HEREBY CERTIFY, That I attended deceased from to, 19..... that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1st blow on the head inflicted by person or persons unknown. I am my decided it was suicide
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M. D.
 , 19 (Address)

*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.

14. INFORMANT (Address) Mr. R. Patterson

15. FILED 19..... REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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