

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

Do not use this space.

20119

1. PLACE OF DEATH

County Monroe
Township West
City Versailles Mo (No. _____)

Registration District No. 598
Primary Registration District No. 4355

File No. _____
Registered No. 23
St. _____ Ward _____

2. FULL NAME

Alfred Y 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sallie G. French.</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 12th 1867</u>		
7. AGE <u>68</u>	YEARS <u>2</u>	MONTHS <u>73</u>
		DAYS <u>73</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work News paper.
(b) General nature of industry, business, or establishment in which employed (or employer) Publisher
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER

John S. Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Melvina Richardson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) North Carolina

14. INFORMANT

(Address) Mr G. G. Baker
Versailles Mo

15. FILED

6/30 1930 H N Lutman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5th 1930

17. I HEREBY CERTIFY, That I attended deceased from _____
June 5th 1930, to _____
June 5th 1930, and that I last saw him alive on June 5th 1930, and that death occurred, on the date stated above, at _____
3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
7401
(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTOR (SECONDARY) _____
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none

(Signed) J. H. Holl M. D.

, 19 (Address) Versailles 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 Versailles Cemetery DATE OF BURIAL 6/8th 1930

20. UNDERTAKER Hidwell's Versailles Mo 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.

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

1912
A.M.

1912