

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.

25634

1. PLACE OF DEATH

County Stone  
Township Washington  
City Johnson (No. ....)

Registration District No. 843  
Primary Registration District No. 6106

File No. 172  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Jacob F. Baker

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 9 yrs. .... mos. .... ds. (If nonresident, give city or town and State)

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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 - 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
91 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington  
(STATE OR COUNTRY)

10. NAME OF FATHER Widower  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Widower  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington  
(STATE OR COUNTRY)

14. INFORMANT Estelle B. Rogers  
(Address) 540 E. 1st St. Kansas City

15. FILED Florence J. Scott  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1930

17. I HEREBY CERTIFY, That I attended, deceased from July 10 1930, to July 18 1930, and that I last saw him alive on July 18 1930, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senility

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CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Yes

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

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Yes

(Signed) J. J. Rogers M. D.

, 19 July 18 (Address) Johnson

\*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 Nappanee Indiana DATE OF BURIAL 7/20 1930

20. UNDERTAKER King Funeral Home ADDRESS Curora Mo.

