SEP 22 1930

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

Do not use this space. O.K.

25873

1. PLACE OF DEATH
County Boone — Registration District No. 73 — File No.
Township — Primary Registration District No. 3006 — Registered No. ~~169~~ 172
City Columbia (No. ..... St. ..... Ward)

2. FULL NAME John Baker
(a) Residence. No. 212 Hickman 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug-18-30

7. AGE: Years | Months | Day: 1 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Columbia Mo
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Milton Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Columbia
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Maggie Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Rochepoort
(STATE OR COUNTRY): Missouri

14. INFORMANT: Maggie Baker
(Address)

15. FILED Aug 20, 1930 Beatrice Grubbs
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug - 19 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug-20-, 1930, to ....., 19.....
that I last saw him alive on Aug-20-, 1930, and that death occurred, on the date stated above, at 2 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Odema
160 B
161 B
..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Prolonged Labor
..... (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? Physical
(Signed) J. A. Taylor, M. D
8-20-, 1930 (Address) 11a S - 8th

*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: Calvery Cemetery — DATE OF BURIAL: Aug 20 1930

20. UNDERTAKER: Stuart P. Parker — ADDRESS: Columbia

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.