

DEC 20 1930

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

Do not use this space.

35248

1. PLACE OF DEATH

County Adair
Township
City Kirksville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 169
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. Arbela Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Alice S Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 03-24-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 15

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

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

10. NAME OF FATHER Jack Baker

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs Alice S Baker
(Address) Arbela Mo

15. FILED 11/24/30 Mrs C H Becker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 Nov 1930

17. I HEREBY CERTIFY, That I attended deceased from 11/4, 1930, to 11/11, 1930, that I last saw him alive on 11/4, 1930, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular heart disease

92 H
109 H (duration) 2 yrs. mos. ds.

CONTRIBUTORY Broncho pneumonia
(SECONDARY) (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED Arbela Mo
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. S. Smith, M. D.

11/11, 1930 (Address) Kirksville

*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 Hickory Grove Co. DATE OF BURIAL Nov 12 1930

20. UNDERTAKER Gettings Wref ADDRESS Arbela Mo

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.

