

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

Do not use this space.

4506

1. PLACE OF DEATH

County Barry  
Township Exeter  
City Exeter Mo. (No. ....)

Registration District No. 34  
Primary Registration District No. 6239

File No. ....  
Registered No. 4  
St. .... Ward)

2. FULL NAME

(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 <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>Mrs. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 20 - 1859</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>8</u>	DAYS <u>29</u>
IF LESS than 1 day, .... hrs. or .... min.		

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 Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Barry Co. Mo.

10. NAME OF FATHER Caleb C. Baker

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

12. MAIDEN NAME OF MOTHER Effie Sellers

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

14. INFORMANT Otis C. Baker

(Address) Cassville Mo.

15. FILED 2-19 1931 Mrs. H. P. Searey  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19th 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9th 1931 to Feb. 17th 1931, that I last saw him alive on Feb. 18th 1931, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Leiner Disease and Ulcer of Stomach

117A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 117B Partial Thrombosis (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? No Test Made

(Signed) U. G. Mitchell, M. D.

, 19 (Address) Cassville 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

DATE OF BURIAL

Home Cemetery

Feb. 20 1931

20. UNDERTAKER

ADDRESS

H. D. Koon

Cassville Mo.

