

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

Do not use this space.

14704

1. PLACE OF DEATH

County Knox
Township Bee Ridge
City Edina Mo. (No.)

Registration District No. 441
Primary Registration District No. 5599

File No.
Registered No. 101
St. Ward)

2. FULL NAME

John Baker

(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 19 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruth E. Prosser
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-8-1861
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 5' 19

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Nakoka
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER George Baker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Katherine Sanders
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nakoka
(STATE OR COUNTRY) Missouri

14. INFORMANT Lee Baker
(Address) Edina Mo.

15. FILED 5/9, 19 31 Geo. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-27-1931

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h. alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hanging himself with a
rope around neck till
dead.
165 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

165 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Hudson Coroner
19 31 (Address) Edina 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 Harmony DATE OF BURIAL 4-29 1931

20. UNDERTAKER J. W. Hudson ADDRESS Edina

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.

MAY 6 5 1931

