

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.

JUN 27 1931

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

Do not use this space.

14724

1. PLACE OF DEATH

County Laclede

Registration District No. 453

Township Garconville

Primary Registration District No. 5619

City

(No.)

File No.

Registered No.

St. Ward

2. FULL NAME

William M. 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

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

Jennie Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct. 8 1847

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

83

6

3

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)

(STATE OR COUNTRY)

Indel.

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indel.

12. MAIDEN NAME OF MOTHER

Indel.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indel.

14.

INFORMANT

(Address)

J. W. Baker
Summit St. Mo.

15.

FILED 4/15 1931

L. D. Hartley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Apr. 11 1931

17.

I HEREBY CERTIFY, That I attended deceased from

Jan 30 1930, to April 10 1931
that I last saw h. alive on April 10 1931, and that death occurred, on the date stated above, at 8:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis
131

CONTRIBUTOR (SECONDARY)

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)

L. D. Hartley

M. D.

. 19

(Address)

Nelsa 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

Carroll Cem.

4/13 1931

20. UNDERTAKER

ADDRESS

Palmer

Liberty Mo

100-443886-1

SECRET

100