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

Do not use this space. 4

1. PLACE OF DEATH
County Andrew, Registration District No. 13 File No. 17011
Township Primary Registration District No. 4010 Registered No. 34
City Savannah, (No. Dr. Nichols Sanitorium St. Ward)

2. FULL NAME George O. Baker,
(a) Residence. No. St., Ward. Evansville, Indiana.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nettie Baker,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	64	2	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Foreman 37
(b) General nature of industry, business, or establishment in which employed (or employer) Box Factory
(c) Name of employer McPherson & Foster Box Factory

9. BIRTHPLACE (CITY OR TOWN) Yankee Town,
(STATE OR COUNTRY) Indiana,

PARENTS
10. NAME OF FATHER Unknown,
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) Unknown,

14. INFORMANT Mrs. Geo. O. Baker
(Address) 2114 W. Michigan Street
Evanville, Indiana,

15. FILED May 29, 1931 C. O. Jefferies Mr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1931

17. I HEREBY CERTIFY, That I attended deceased from May 25, 1931, to May 28, 1931, that I last saw him alive on May 28, 1931, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) (?) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Dmt Bum
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical finding
(Signed) S. E. Mitchell M. D.
5/28, 1931 (Address) Savannah, 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
Evansville, Indiana	June 1, 1931
20. UNDERTAKER	ADDRESS
Frank A. Bowman	Savannah, 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.