

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

Do not use this space.

27807

1. PLACE OF DEATH

County Clinton
Township
City Peetling Mo. (No. _____)

Registration District No. 707
Primary Registration District No. 4125

File No. _____
Registered No. 21 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Judge
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Probate Judge
10. Date deceased last worked at this occupation (month and year) Aug. 12, 1931 11. Total time (years) spent in this occupation. 7 mos.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grayson Mo.

FATHER 13. NAME Lee B. Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Stoutman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. Marie Baker Peetling Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grayson Mo. DATE Aug. 13, 1931

19. UNDERTAKER (ADDRESS) Peetling Mo.

20. FILED Aug 15 1931 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11th, 1931, to Aug. 12th, 1931.

I last saw him alive on Aug. 12th, 1931. Death is said to have occurred on the date stated above, at 1 A.M.

The principal cause of death and related causes of importance were as follows:

Acute Angina Pectoris Date of onset _____

96E
92C 94W
Other contributory causes of importance: Myocarditis 10 yrs.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) S. D. [Signature], M. D.
(Address) Peetling Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Acute conjunctivitis
Pustularis
