

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

Do not use this space.

32292

1. PLACE OF DEATH

County St. Francois Registration District No. 273
 Township St. Francois Primary Registration District No. 6018A
 City Farmington (No.) (Ward)

File No.
 Registered No. 127
 St. Ward)

2. FULL NAME

George W Baker
 (a) Residence. No. Cape Girardeau 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-19 1931

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF not known

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1931, to 9-19, 1931, that I last saw him alive on 6-18, 1931, and that death occurred, on the date stated above, at 6:30 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22 1878

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 28

Poisoning by hydrochloric acid with suicidal intent.
163 M (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer.
 (b) General nature of industry, business, or establishment in which employed (or employer)

CONTRIBUTORY (SECONDARY) 163 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Missouri.

18. WHERE WAS DISEASE CONTRACTED 163
 IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Geo. W Baker.

8 DID AN OPERATION PRECEDE DEATH? DATE OF

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

WAS THERE AN AUTOPSY?

12. MAIDEN NAME OF MOTHER Margdrene Baker

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Fred Long M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Madison Indiana.

(Address) Farmington 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.

14. INFORMANT G. J. Baker (Bro) (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cape Girardeau Mo DATE OF BURIAL 9-21 1931

15. FILED 9-21, 1931 T. J. Rabunian REGISTRAR

20. UNDERTAKER Gotberg Undertaking Co ADDRESS Cape Girardeau

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.

OCT 26 1931

