

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.

DEC 24 1931

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

Do not use this space.

36788

## 1. PLACE OF DEATH

County Anderson  
Township Salisbury  
City Mexico Mo. R.F.D.

Registration District No. 12, Cedar  
Primary Registration District No. 5034

File No. \_\_\_\_\_  
Registered No. 132  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. \_\_\_\_\_  
(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 10 - 1931</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>20</u> hrs. or <u>20</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____			
	10. Date deceased last worked at this occupation (month and year) _____			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Anderson Co. Mo.</u>				
FATHER	13. NAME <u>Marshall J. Baker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>White Hall, Tenn.</u>			
MOTHER	15. MAIDEN NAME <u>Georgetta Mayes</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Anderson Co. Mo.</u>			
17. INFORMANT <u>Eda Baker</u> (ADDRESS) <u>Salisbury Mo. R.F.D.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>San Rita</u> DATE <u>Nov. 12</u> 19 <u>31</u>				
19. UNDERTAKER <u>W. H. H. H. H. H.</u> (ADDRESS) <u>Salisbury Mo.</u>				
20. FILED <u>Nov 11</u> 19 <u>31</u> <u>Ira S. Milligan</u> Registrar.				

## 3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1931, to Nov. 11 1931  
I last saw h. alive on Nov. 11 1931. Death is said to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Circulatory trouble from  
Birch - 1575  
Probably "Foramen ovale"  
Failure of closing  
Other contributory causes of importance:  
Prominent heart  
7 months gestation  
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? No  
If so, specify \_\_\_\_\_  
(Signed) N. R. R. Jones, M. D.  
(Address) Mex. & Sal.

