

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.

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

Do not use this space.

38324

1. PLACE OF DEATH

County Mercer  
Township Harrison  
City Princeton (No. \_\_\_\_\_)

Registration District No. 558  
Primary Registration District No. 5749

File No. \_\_\_\_\_  
Registered No. 7  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Henry Walter Baker  
(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) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mariah Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 4, 1870</u>		
7. AGE <u>60</u>	YEARS <u>11</u>	MONTHS <u>12</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Merchant</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen. Merchant</u>		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>16</u>		

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green County Ind</u>
13. NAME <u>Henry Baker</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
15. MAIDEN NAME <u>Allison</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
17. INFORMANT (ADDRESS) <u>Glen Baker Princeton Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Cemetery</u> DATE <u>Nov. 18, 1931</u>
19. UNDERTAKER (ADDRESS) <u>Doel Moore Princeton Mo.</u>
20. FILED <u>11-19</u> 19 <u>31</u> <u>O. E. Odeh</u>

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1931, to Nov. 16, 1931  
I last saw him alive on Nov. 16, 1931 Death is said to have occurred on the date stated above, at 3:20 pm.  
The principal cause of death and related causes of importance were as follows:  
Gunshot wound head  
38 revolver - soft nosed bullet - entering at temple & exit just over left temple - with large hole  
Other contributory causes of importance: & loss of brain substance with some membranes. Lived about 40 minutes  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Kinden Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Suicide Date of injury Nov 16, 1931  
Where did injury occur? His home, Green Co. Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In home  
Manner of injury Revolver 38 Caliber  
Nature of injury Gunshot wound head  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) A. S. Priestow, M. D.  
(Address) Princeton, Mo.

