

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.

JAN 19 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40398

1. PLACE OF DEATH

County CedarTownship StocktonCity Stockton (No. 323)Registration District No. 323Primary Registration District No. 323File No. 40398Registered No. 41St. Stockton Ward 1

2. FULL NAME

(a) Residence, No. John Paul Theodor Baker St. Stockton Ward 1

(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25, 19317. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10

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 None12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton, Mo.13. NAME Fred Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barstow Co., Mo.15. MAIDEN NAME Lydia Samuel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stockton, Mo.17. INFORMANT (ADDRESS) Fred Baker Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE Dec. 6, 193119. UNDERTAKER (ADDRESS) W. G. Davis & Co. Stockton, Mo.20. FILED Jan. 31, 1932 E. S. Smith Registrar Mary Boyless

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 5, 193122. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1931, to Dec. 5, 1931I last saw him alive on Dec. 4, 1931. Death is said to have occurred on the date stated above, at 4 p. m.

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

Acute indigestion

Date of onset

Other contributory causes of importance:

Faulty diet

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) H. A. Synnott, M. D.(Address) Stockton, Mo.

