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.

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

Do not use this space.

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1. PLACE OF DEATH
10 County Boone — Registration District No. 73 — File No.
3 Township — Primary Registration District No. 3006 — Registered No. 18
8 City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Benjamin F. Baker
(a) Residence, No. 205 College St., ... Ward. Columbia Mo
(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 (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Frances Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 7- 1874
7. AGE: YEARS 57 — MONTHS 4 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Martician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 174
10. Date deceased last worked at this occupation (month and year) Jan 2-1932
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callaway County Missouri 1

FATHER
13. NAME: Silas R. Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 2

MOTHER
15. MAIDEN NAME: Elizabeth Shoffner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

17. INFORMANT (ADDRESS): Harold Baker 314 S. Garth
18. BURIAL, CREMATION, OR REMOVAL PLACE: Columbia Cem DATE 1-28- 1932
19. UNDERTAKER (ADDRESS): Tom McHarry Columbia, Mo.
20. FILED 1/27/ 1932 F. C. Suggett by Allie Selby Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26- 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1932, to Jan. 26, 1932
I last saw him alive on Jan. 25th, 1932. 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:

	Date of onset
Thrombosis venous	1/2/32
100A	
111A	
99A	

Other contributory causes of importance:

Pulmonary embolism	1/2/32
Cardiac embolism	1/24/32

Name of operation ..... Date of .....
What test confirmed diagnosis? Physical findings Was there an autopsy? No

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 ..... (1)
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Wm. O. Fischer, M. D.
(Address) Columbia Mo.