

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 24 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1789

1. PLACE OF DEATH *Mercer*
 65 County *Mercer* Registration District No. *553*
 1 Township *Mercer* Primary Registration District No. *4325*
 1 City *Mercer* (No. _____) St. _____ Ward _____
 2. FULL NAME *David Wilson Baker*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *35* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Jennie Adams Baker*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 5, 1845*
 7. AGE YEARS *86* MONTHS *8* DAYS *23* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Minister*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *U. B. Church*
 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) *Porter Ohio* 2

13. NAME *Christian Baker* 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pa* 8

15. MAIDEN NAME *Elizabeth Finkbe*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

17. INFORMANT *Earnest Baker*
 (ADDRESS) *Danforth Iowa*

18. BURIAL, CREMATION, OR REMOVAL *Eureka Mercer Mo* DATE *Jan 29, 1932*

19. UNDERTAKER *O. C. Greenlee*
 (ADDRESS) *Linnville Ia*

20. FILED *1/29, 1932* *Mary C. Fisher*
 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 28, 1932*22. I HEREBY CERTIFY, That I attended deceased from *Jan 13, 1932, to Jan 28, 1932*I last saw him alive on *Jan 27, 1932* Death is saidto have occurred on the date stated above, at *7:30 p.m.*

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

Date of onset

*Influenza**11 B*Other contributory causes of importance: *11 B**old age*

Name of operation _____ Date of _____

What test confirmed diagnosis? *D* 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *C. E. Louitt*, M. D.(Address) *Linnville Iowa*

