

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.

## 1. PLACE OF BIRTH

20 County Cedar  
 Township Jefferson  
 City Union (No. \_\_\_\_\_)

Registration District No. 163Primary Registration District No. 5220

File No. 4027  
 Registered No. 46  
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Frances Houston Baker  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1845  
 7. AGE YEARS 86 MONTHS 3 DAYS 14 IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry of 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) Cedar County (STATE OR COUNTRY) Missouri

13. NAME Charles Baker

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

15. MAIDEN NAME Frederia Jones

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 51

17. INFORMANT E. J. P. Baker (ADDRESS) Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL Union, Mo.

19. UNDERTAKER White-Crown Walker (ADDRESS) Union, Mo.

20. FILED Mar. 19, 1932 E. S. Smith Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1932

22. I HEREBY CERTIFY That I attended deceased from Feb. 5, 1932 to Feb. 14, 1932

I last saw him alive on Feb. 14, 1932 Death is said

to have occurred on the date stated above, at 6:10 p.m.

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

Uremic Poisoning  
due to Interstitial  
Nephritis.  
 Other contributory causes of importance: 131  
131 (3)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) W. C. R. Brown M. D.

(Address) Union, Mo.

