Dr. Bruce

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

26 County Cole — Registration District No. 213 — File No. 29

3 Township — Primary Registration District No. 3014 — Registered No.

8 City Jefferson (No. , St. Ward)

2. FULL NAME William Bernard Baker

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-19-1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	7	19	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Albans, Missouri

FATHER

13. NAME Ernest Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia, Missouri

MOTHER

15. MAIDEN NAME Elizabeth Staples

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson, Missouri

17. INFORMANT (ADDRESS) Ernest Baker St Albans Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sedalia, Mo. DATE Feb-8- 1932

19. UNDERTAKER (ADDRESS) Thorne G. Gordon Jefferson City Mo.

20. FILED 2/10/1932 D. T. Bedford Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from February 1st, 1932 to February 8, 1932

I last saw h. 1 m alive on February 8 1932 Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Lobar Pneumonia Bilateral

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Other contributory causes of importance:

Myocarditis

Date of onset

Name of operation Date of —

What test confirmed diagnosis? Stethoscope Blood count Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) J. G. Bruce M. D.

(Address) Jefferson City Mo

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.

MAR 22 1932