

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

Do not use this space.

5365

1. PLACE OF DEATH

63 County Marion Registration District No. 1040
Township Miller Primary Registration District No. 6276
City Marion (No.) St. Mo. Ward

File No.
Registered No. 1
St. Mo. Ward

2. FULL NAME

Harry Austin Baker
(a) Residence. No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-9-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 11A 107A
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) 1

10. NAME OF FATHER James Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) U.S. (STATE OR COUNTRY) 2

12. MAIDEN NAME OF MOTHER Margaret Eliza

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Georgia (STATE OR COUNTRY)

14. INFORMANT Andy Baker (Address) Dixon Mo.

15. FILED 227 32 1932 C. W. Tinkelman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20 1932, to Feb. 25 1932, that I last saw him alive on Feb. 25 1932, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
(duration) yrs. mos. 10 da.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 12 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

18 DID AN OPERATION PRECEDE DEATH, DATE OF

18 WAS THERE AN AUTOPSY? 1

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) O. J. Eider, M. D.

2/26-1932 (Address) Dixon Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stanton Gringold

DATE OF BURIAL Feb. 26 1932

20. UNDERTAKER

ADDRESS Dixon Mo.

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.

1932 20 1932

