

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.

MAY 23 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

19 County Cass
 10 Township
 9 City Pleasant Hill (No. _____)

Registration District No. 157Primary Registration District No. 4091

11907

File No. 7Registered No. 16

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Pleasant Hill m. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 15 1854</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>2</u>	DAYS <u>1</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	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) MO13. NAME Russel Baker Sr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO15. MAIDEN NAME mother not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 3117. INFORMANT Wm Baker (ADDRESS) Pleasant Hill MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Hill DATE April 19 193219. UNDERTAKER W. W. Hym (ADDRESS) Pleasant Hill MO20. FILED Apr 17 1932 J. V. Murray M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 193222. I HEREBY CERTIFY That I attended deceased from Jan 1st 1932 to April 16 1932I last saw him alive on April 15 1932 Death is said to have occurred on the date stated above, at 6 P. m.

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

Old age -
Chronic Nephritis
131/31 1
 Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) A. H. Ballman, M. D.(Address) Pleasant Hill MO

