

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

Do not use this space.

26769

1. PLACE OF DEATH

County Mercer Registration District No. 5-5-3
 Township Mercer Primary Registration District No. 4325
 City Mercer (No. _____) St. _____ Ward _____

2. FULL NAME

Ed Washington Baker
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1860

7. AGE YEARS MONTHS Dds IF LESS than 1 day, hrs. or min.
72 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

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) Ind. 2

13. NAME Henry Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Elizabeth Allison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT (ADDRESS) James E. Snyder

18. BURIAL, CREMATION, OR REMOVAL PLACE East Perry, Mo DATE 8-9-1932

19. UNDERTAKER (ADDRESS) W. O. Greenlee

20. FILED 8/9 1932 Mary C. Fisher Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932, to Aug 5, 1932
 I last saw him alive on Aug 5, 1932 Death is said to have occurred on the date stated above, at 12:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Purpuric meningitis
 71A
 Other contributory causes of importance: 71A

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) C. E. Krutt, M. D.
 (Address) Linnell

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.

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