

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

Do not use this space.

32619

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 408  
Township East Jackson Primary Registration District No. 5-063a  
City Alma House (No. .... St. .... Ward)

**2. FULL NAME** Henry W. Baker

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. 7 mos. 5 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) Widower  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 25-1869  
7. AGE YEARS 73 MONTHS 6 DAYS 12 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Quadrat Steel Plant  
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) Calumet (STATE OR COUNTRY) Ohio

MOTHER 13. NAME Adison Baker

FATHER 14. BIRTHPLACE (CITY OR TOWN) Lima (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Postler

FATHER 16. BIRTHPLACE (CITY OR TOWN) Lima (STATE OR COUNTRY) Ohio

17. INFORMANT Jud Howell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Calumet DATE 11/8/32

19. UNDERTAKER Glenn Drake (ADDRESS)

20. FILED 10-8, 1922 W. H. Ketchum Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 to Oct 7  
I last saw him alive on Oct 5, 1932 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Bright's Disease

Other contributory causes of importance: 131

Name of operation ..... 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 Yes  
(Signed) H. W. Baker, M. D.  
(Address) Carriage Mfg

1932 OCT 26

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.

