

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

Do not use this space.

34712

1. PLACE OF DEATH

County Bates

Registration District No. 50

File No. ....

Township Butler

Primary Registration District No. 3004

Registered No. 79

City Butler (No. Butler Memorial Hospital)

St. .... Ward) ....

2. FULL NAME

Unnamed Baker

(a) Residence, No. .... St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1932

7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 3 hrs. or 20 min.

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) Butler (STATE OR COUNTRY) Missouri

13. NAME John Shelby Baker

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

15. MAIDEN NAME Rosa Jenkins

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

17. INFORMANT John M. Jackson (ADDRESS) Amsterdam Mo Route 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Adair home DATE Nov 30 1932

19. UNDERTAKER Bulvers (ADDRESS) Butler Mo

20. FILED Nov 30 1932 Nina L Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-29 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1932 to Nov 29 1932

I last saw him alive on Nov. 29 1932 Death is said

to have occurred on the date stated above, at 11:15 a.m.

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

Premature birth Date of onset

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Other contributory causes of importance:

Name of operation .... Date of

What test confirmed diagnosis? .... Was there an autopsy? 1

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. A. Lusk M. D.

(Address) Butler, Mo

