

JAN 5 1933

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

Do not use this space.

38182

1. PLACE OF DEATH

County Wentz  
Township Splitball  
City Grant City, Mo.

Registration District No. 903  
Primary Registration District No. 6212

File No. \_\_\_\_\_  
Registered No. 21  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Simon R. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 20 1838</u>		
7. AGE <u>94</u>	YEARS <u>2</u>	MONTHS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>10</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) <u>Nov 1932</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin, Ohio</u>		
FATHER	13. NAME <u>John Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin, Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Michael</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin, Ohio</u>	
17. INFORMANT (ADDRESS) <u>Mary Maxwell</u> <u>Grant City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keney</u> DATE <u>11/9</u>		
19. UNDERTAKER (ADDRESS) <u>John C. Duffee</u> <u>Grant City, Mo.</u>		
20. FILED <u>11-8</u> 19 <u>32</u> <u>John Andrew</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1932 to Nov 7 1932

I last saw him alive on Nov 6 1932. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:  
Hypertensive Sclerosis  
Globular Pneumonia

Other contributory causes of importance:  
Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Signs of Sclerosis Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Yes Date of injury \_\_\_\_\_, 1932  
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) S. R. Ross, M. D.  
(Address) Grant City, Mo.

