

NOTE.—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.

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

Do not use this space.

40587

1. PLACE OF DEATH

61 County Macon

Registration District No. 5.33

7 Township Macon

Primary Registration District No. 3723

43 City Macon

(No. _____)

File No. _____

Registered No. 73

St. _____

Ward _____

2. FULL NAME

William R. 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Married

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

Josephine Baker

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

April 26 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

57

7

9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

County clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

185

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Macon Ga

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

J W Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Macon Ga

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

May Blaylock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Macon Ga

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Mrs W R Baker

Macon

15.

FILED

12/12 1932

Mrs Luke Hunkler

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Dec. 5th

1932

17.

I HEREBY CERTIFY, That I attended deceased from

Nov 38th

1932, to

Dec 5

1932

that I last saw him alive on Dec 5, 1932, and that death occurred, on the date stated above, at 6:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis with cerebral thrombosis

82B

CONTRIBUTORY (SECONDARY)

(duration) 2 yrs. _____ mos. _____ ds.

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No

DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed)

H.P. May Jr. D.O.

, 19

(Address)

Macon Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bella Mo

12/7 1932

20. UNDERTAKER

ADDRESS

Oliver Spencer Macon

