

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

APP 51 1933  
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MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

85

8624

1. PLACE OF DEATH

County Buchanan Registration District No. 1001  
Township St. Joseph, Primary Registration District No. 1001  
City St. Joseph, (No. St. Joseph's Hospital) St.                      Ward                     

File No.                       
Registered No. 349

2. FULL NAME

Joseph Edward Baker

(a) Residence, No. 1316 No. 26th. St. St.                      Ward.                       
(Usual place of abode)  
Length of residence in city or town where death occurred 8 yrs. mos. 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Baker  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1858  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 74 4 23                       
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Shaffer News Agency.  
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) Mar. 25, 1933 11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark, New Jersey.

13. NAME William Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belfast, Ireland

15. MAIDEN NAME Mary Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Conn.

17. INFORMANT (ADDRESS) Mrs. W. L. Shaffer 1316 No. 26th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Mar. 31, 1933

19. UNDERTAKER (ADDRESS) Walter Meierholler 1302 Paragon St. St. Joseph, Mo.

20. FILE MAR 31 1933 John K. Boudreaux Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 1933  
22. I HEREBY CERTIFY, That I attended deceased from March 26, 1933 to March 29, 1933  
I last saw him alive on March 29, 1933 Death is said to have occurred on the date stated above, at 10.30 A.M.  
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia  
45A  
45W  
Other contributory causes of importance: Carcinoma of Lips operation  
Date of onset                     

Name of operation Ward removed with negative result Date of 3/27/33  
What test confirmed diagnosis? Plas. Test 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? no  
If so, specify                       
(Signed) Forrest Thomas M. D.  
(Address) 8016 July St. St. Joseph, Mo.

