

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.

JUN 20 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

15616

1. PLACE OF DEATH

County AUDRAINRegistration District No. 26Township SALTIERPrimary Registration District No. 3002City MEXICO

(No. _____)

St. _____ Ward _____

2. FULL NAME GEORGE BAKER(a) Residence, No. 910 S. Trinity St

(Usual place of abode)

St. 4

Ward _____

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds.(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>NEGRO</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SHIP CHIEFLER

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) MEXICO
(STATE OR COUNTRY) MISSOURI13. NAME JERRY BLACK14. BIRTHPLACE (CITY OR TOWN) VI
(STATE OR COUNTRY) KENTUCKY15. MAIDEN NAME BETSY BLACK16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) KENTUCKY17. INFORMANT W. H. H. H.
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE ELMWOOD CEMETERY DATE 6/4/33, 193319. UNDERTAKER ARRA M. H. H.
(ADDRESS) 616 E. Railroad St, Mexico, Mo20. FILED June 3- 1933 Ina S. Milligan
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8/ 193322. I HEREBY CERTIFY, That I attended deceased from May 7 1933 to May 12 1933I last saw him alive on May 12 1933 Death is said to have occurred on the date stated above, at 6 P. M.The principal cause of death and related causes of importance were as follows:
Heart Trouble and Dropsy and Kidneys

Date of onset _____

Other contributory causes of importance: old age.Name of operation none 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 _____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) R. J. G. H. H. M. D.(Address) Mexico Mo

