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

Do not use this space.

85

File No. 15760

Registered No. 489

1001

1. PLACE OF DEATH

County: Buchanan — Registration District No.

Township — Primary Registration District No.

City: St Joseph (No. Mo. Meth. Hosp. St. Ward)

2. FULL NAME: Alva Baker

(a) Residence. No. Cameville Mo 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)
M	W	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1/27/1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
44	3	12	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

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

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN): Blythedale
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: J. A. Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Bloomington
(STATE OR COUNTRY): Ind.

12. MAIDEN NAME OF MOTHER: Mary Jane Rogers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Gallatin
(STATE OR COUNTRY): Mo.

14. INFORMANT: Blanche Baker.
(Address): Cameville, Mo

15. FILED 6-9-1933 John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 9. 1933

17. I HEREBY CERTIFY, That I attended deceased from May 8-33, 19..., to May 9, 19 33, that I last saw him alive on May 8, 1933, and that death occurred, on the date stated above, at 8 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis, General

1 2 A

1 2 1 2

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Appendicitis - ruptured

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: Cameville, Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 8-1933

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operative

(Signed) Paul Gorgraw, M. D.

, 19 (Address) St Joseph, 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
Oak lawn	5/11 1933
20. UNDERTAKER	**ADDRESS**
Estep	Cameville

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1933