

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 23 1933

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

Do not use this space.

1. PLACE OF DEATH

83 County Platte
Township Preston
City (No.)

Registration District No. 693
Primary Registration District No. 5920

File No. 17465
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

Andrew Jackson Baber

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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-9-1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 5 0
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Platte Co, Mo
13. NAME Robert Baber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Emma Kinsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co, Mo
17. INFORMANT (ADDRESS) Mrs. A. J. Baber
18. BURIAL, CREMATION, OR REMOVAL PLACE Southview DATE 5-11-1933
19. UNDERTAKER (ADDRESS) Edgar A. Kinsley
20. FILED 6-10 1933 W. A. Kinsley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-9-1933
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936 to Dec 9, 1932
I last saw him alive on May 9, 1933 Death is said to have occurred on the date stated above, at 7:40 m.
The principal cause of death and related causes of importance were as follows:

Heart Failure
95 B 95 B
Other contributory causes of importance:
Dilatation of Heart
Date of onset _____

Name of operation _____ 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 _____, 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? _____
If so, specify _____
(Signed) E. A. Kinsley M. D.
(Address) Southview

