

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.

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

Do not use this space.

24029

PLACE OF DEATH
County Pettis Registration District No. 668
Township _____ Primary Registration District No. 3032
City Sedalia (No. 109 E. 6th) St. _____ Ward _____

File No. _____
Registered No. 184

2. FULL NAME Charles L. Baker

(a) Residence, No. 109 E. 6th 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.

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 Mrs. Nettie Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17, 1875

7. AGE YEARS 57 MONTHS 7 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Mechanist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. Shops

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) Kansas City, Mo.

13. NAME John M. Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbyville, Kentucky

15. MAIDEN NAME Mary Peter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coudronington, Kentucky

17. INFORMANT Mrs. Chas. Baker (ADDRESS) 109 East 6th

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 7-24 1933

19. UNDERTAKER M. C. Laughlin Bros. (ADDRESS) Sedalia, Mo.

20. FILED July 24, 1933 Jean Slack Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1933

22. I HEREBY CERTIFY that I attended deceased from Jan 10 1930, to July 22, 1933, 1933

I last saw him alive on 22nd of July, 1933. Death is said to have occurred on the date stated above, at 12:30 A. M.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage Date of onset _____

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Chlorine Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 1933

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) Chas. Munnell, M. D. (Address) Sedalia, Mo.

