

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

Do not use this space.

1. PLACE OF DEATH

County Stone
Township Washington
City Washington (No.)

Registration District No. 843
Primary Registration District No. 6106

File No. 25378
Registered No. St. Ward

2. FULL NAME

Glendon Baker

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1933
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 17 hrs. or min. 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Galena Mo (STATE OR COUNTRY) Rt 2

13. NAME Hamilton Baker

14. BIRTHPLACE (CITY OR TOWN) Stone Co (STATE OR COUNTRY) Mo

15. MAIDEN NAME Opal Stafford

16. BIRTHPLACE (CITY OR TOWN) Christian Co Mo (STATE OR COUNTRY)

17. INFORMANT Hamilton Baker (ADDRESS) Galena Rt 2

18. BURIAL, CREMATION OR REMOVAL PLACE Galena Cem DATE July 2 1933

19. UNDERTAKER none (ADDRESS)

20. FILED July 10, 1933 Nellie Ironby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1933

22. I HEREBY CERTIFY, That I attended deceased from June 30 1933 to July 1 1933
I last saw him alive on June 30 1933. Death is said to have occurred on the date stated above, at 11:4 m.
The principal cause of death and related causes of importance were as follows:

Myocardial infarction - 159
Date of onset
Other contributory causes of importance: Arteriosclerosis & no.

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? no
If so, specify
(Signed) W. J. Ironby, M. D.
(Address) Galena Mo

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.

AUG 26 1933

