

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

Do not use this space.

1. PLACE OF DEATH

County Vermon Registration District No. 874
Township Monandville Primary Registration District No. 6151
City (No.) St. Ward

File No. 25425

Registered No.

2. FULL NAME

Andrew Jackson 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 W 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 - 1865

7. AGE 67 YEARS MONTHS 6 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
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) Benton Mo

13. NAME Geo H Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Nancy Lovette Galloway

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crump Mo

17. INFORMANT (ADDRESS) Marcie Baker

18. BURIAL, CREMATION, OR REMOVAL Sheldon Mo
PLACE DATE

19. UNDERTAKER (ADDRESS) G. B. Ruyter

20. FILED 7. 20. 1933 H. C. Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-14-1933 to 7-17-1933

I last saw him alive on 7-17-1933 Death is said to have occurred on the date stated above, at 12:00 P.M.

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

Fatty degeneration of the heart
930
Date of onset Not known

Other contributory causes of importance:

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 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) H. A. Combs, M. D.
(Address) Bronaugh 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.

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