

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

Do not use this space.

**25974**

**1. PLACE OF DEATH**

25 County Polk  
4 Township  
2 City Pettusburg Mo.

Registration District No. 207  
Primary Registration District No. 4125

File No. 20  
Registered No. 30  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John M Baker

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 38 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
71 24

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. Farming

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) Ken

13. NAME James A Baker

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

15. MAIDEN NAME Betty Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken

17. INFORMANT Frankie Baker  
(ADDRESS) Pettusburg Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Greenland DATE Aug 22 1933

19. UNDERTAKER S. W. Wain  
(ADDRESS) Pettusburg Mo.

20. FILED Aug 27 1933 C. W. Chastain  
Deputy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from June 1 1928 to Aug 21 1933

I last saw him alive on Aug 20 1933 Death is said to have occurred on the date stated above, at 4:30 m.

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

Myocarditis Date of onset 1920

Other contributory causes of importance: 930

23. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) S. D. Reynolds, M. D.

(Address) Pettusburg Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

SEP 26 1933

MARGIN RESERVED FOR BINDING

U.S. NO. 2

