

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.

37619A

1. PLACE OF DEATH

County Ripley  
Township Watershed  
City Watershed (No. \_\_\_\_\_)

Registration District No. 753  
Primary Registration District No. 6245

File No. 12  
Registered No. 1204  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ivan Lanerne Baker

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 31, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
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) Ripley Co. (STATE OR COUNTRY) Missouri

13. NAME E. R. Baker

14. BIRTHPLACE (CITY OR TOWN) Reynolds Co. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jillie Cates

16. BIRTHPLACE (CITY OR TOWN) Ripley Co. (STATE OR COUNTRY) Missouri

17. INFORMANT Johannie Cates (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cem. DATE 11-14 1933

19. UNDERTAKER None (ADDRESS) \_\_\_\_\_

20. FILED Nov. 15, 1933 E. B. Johnston Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from November 14, 1933, to November 14, 1933

I last saw him alive on November 14, 1933 Death is said to have occurred on the date stated above, at 11:30 P. m.

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

Branchial pneumonia Date of onset \_\_\_\_\_

107A

105B

Other contributory causes of importance: Spasmodic Croup

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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) J. E. Williams, M. D.

(Address) Complan, Mo.

