

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.

38860

## 1. PLACE OF DEATH

County LullivanTownship GreenCity Green (No. 1)Registration District No. 849Primary Registration District No. 61413File No. 1Registered No. 1St. Mo. Ward 12. FULL NAME Edward Baker(a) Residence, No. 1 St. Mo. Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 1 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>X</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-15-1933</u>		
7. AGE	YEARS	MONTHS
	<u>4</u>	<u>15</u>
IF LESS than 1 day, hrs. <u>15</u> min. <u>15</u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>X</u>	11. Total time (years) spent in this occupation <u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	

12. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)13. NAME Herman Baker14. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)15. MAIDEN NAME Cecil Daniels16. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)17. INFORMANT Herman Baker  
(ADDRESS) Green Castle, Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Green Castle DATE Dec 1 193319. UNDERTAKER Glenn E. Kent  
(ADDRESS) Green City, Mo.20. FILED Dec 9 1933 Virginia Gibson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30 193322. I HEREBY CERTIFY, that I attended deceased from None at all 1933I last saw him live on Nov 29 1933 Death is saidto have occurred on the date stated above, at 7 p.m.

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

Sudden death Date of onset Nov 30Curse on his motherArms

Other contributory causes of importance:

2008Name of operation None Date of Nov 30What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury Nov 30 1933Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify None(Signed) W. L. Taylor M. D.(Address) Green Castle, Mo.

