

27 1934
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.

49

1. PLACE OF DEATH

County Candor

Registration District No. 36

Township Marion

Primary Registration District No. 1

City Marion (No. 1)

File No. 1

Registered No. 1

St. Mo. Ward 1

2. FULL NAME

(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. 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)

married

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

Ollie Blanche Baker

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

Mar 20 1889

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 1 hrs. or 30 min.

44

9

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Sturgeon

10. NAME OF FATHER

Turner Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sturgeon

12. MAIDEN NAME OF MOTHER

Pearline Robert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Sturgeon

14.

INFORMANT

(Address)

Mr E P Baker

Sturgeon Mo

15.

FILED

1-5 1934

Geo S Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-1-1934

17.

I HEREBY CERTIFY, That I attended deceased from

12-31, 1933, to 1-1, 1934

that I last saw him alive on 12-31, 1933, and that death occurred, on the date stated above, at 130 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric hemorrhage

CONTRIBUTORY (SECONDARY)

(duration) 2 mos. 2 ds.

(duration) 3 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Vandalia, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Frank Allen, M. D.

1-5, 1934 (Address) Meriden, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Perche Mo

Jan 2 1934

20. UNDERTAKER

W J Hales

ADDRESS

Vandalia, Mo

