

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Stone
Township Husley
City (No.)

Registration District No. 846
Primary Registration District No. 6283

File No. 19225
Registered No. 9
St. Ward

2. FULL NAME

Charles 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Margaret Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-28-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 11 10

8. OCCUPATION OF DECEASED

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

PARENTS

10. NAME OF FATHER Thomas Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ✓
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER ✓

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ✓
(STATE OR COUNTRY)

14. INFORMANT Earl Gilmore
(Address) Cleves, Mo.

15. FILED 5-70-, 1934 H. A. Munroe
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1934

17. I HEREBY CERTIFY That I attended deceased from 11:00 a.m. 8, 1934, to May 8, 1934, that I last saw him alive on May 8, 1934, and that death occurred, on the date stated above, at 10:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heat Prostration
191

CONTRIBUTORY (SECONDARY) General debility
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DEATH? For you
(Signed) For Williams, M. D.
, 19 (Address) Cleves, 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 Union Ridge DATE OF BURIAL May 9 1934

20. UNDERTAKER J. W. Maples ADDRESS Cleves, Mo.

