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 17 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jasper — Registration District No. 411 — File No. 29760
Township — Primary Registration District No. 2002 — Registered No.
City Joplin Mo. (No. 315 N. Wall St. Ward)

2. FULL NAME Alvin J. Baker
(a) Residence, No. 315 No. Wall St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Male
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs Helen Ellison Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 10-1860
7. AGE YEARS 74 MONTHS 5 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Coal Dealer
10. Date deceased last worked at this occupation (month and year) Several Yrs.
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ill.

FATHER
13. NAME Joseph Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Mary Lemons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Helen Ellison Baker 315 N. Wall
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Fairview DATE Aug. 17 34
19. UNDERTAKER (ADDRESS) Frank Sievers Co Joplin Mo
20. FILED 8-16 1934 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15 1934
22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to Aug 15, 1934
I last saw him alive on Aug 16, 1934. Death is said to have occurred on the date stated above, at 10:50 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
131
93C
131

Date of onset

Other contributory causes of importance:
Chronic Nephritis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) A. Benson Clark, M. D.
(Address) Joplin Mo