

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 15 1934

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

Do not use this space.

34936

1. PLACE OF DEATH

County Shannon

Registration District No. 637

Township Jackson

Primary Registration District No. 6084

City                      (No.                     )

File No. 5

Registered No. 35

St.                      Ward                     

2. FULL NAME

(a) Residence, No.                     

(Usual place of abode)

Wilburn Lesley Baker

Ward.                     

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

ys.

mos.

ds.

How long in U. S., if of foreign birth?

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

baby

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

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

7/19/32

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

2 yrs

19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) (STATE OR COUNTRY)

Shannon co.

FATHER

13. NAME

Cecil Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Madison co.

MOTHER

15. MAIDEN NAME

Clara Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Madison co.

17. INFORMANT (ADDRESS)

Charlie Hawkins

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Indefinite

DATE

Sept 9

1934

19. UNDERTAKER (ADDRESS)

                    

20. FILED

Sept 10

1934

Miss Mary Farnough

Registrar

21. MEDICAL CERTIFICATE OF DEATH

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

Sept 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1934, to Sept 4, 1934

I last saw him alive on Sept 4, 1934 Death is said

to have occurred on the date stated above, at 12: P. m.

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

Thyphoid fever

17

                    

                    

                    

                    

                    

                    

                    

                    

                    

                    

                    

                    

                    

                    

                    

                    

                    

Name of operation

Date of

What test confirmed diagnosis? Unusual signs 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)

                    , M. D.

(Address)

