DEC 3 1934

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

Do not use this space.

38887

1. PLACE OF DEATH
County Christian
Township Lafayette
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 210
Primary Registration District No. 5289

File No. 76
Registered No. 11

2. FULL NAME William 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

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 Hattie Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27-1896

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Christian Co Mo

FATHER

13. NAME Lee Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smithville Mo

MOTHER

15. MAIDEN NAME Rhoda M. Mayse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte City Mo

17. INFORMANT Mrs Hattie Baker
(ADDRESS) Temple Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon DATE Nov 9 1934

19. UNDERTAKER F. G. Lyons
(ADDRESS) Strafford Mo

20. FILED Nov 7 1934 John Ray
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7- 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Myocarditis	
730	

Other contributory causes of importance:

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) J. C. Starks Coroner, M.D.
(Address) Lawrence, Mo