

EB 2 3 1935

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

Do not use this space.

866

1. PLACE OF DEATH

County Gentry Registration District No. 312
Township Jackman Primary Registration District No. 5431A
City Harmony (No.) St. Ward)

2. FULL NAME

Perry B. Baker
(a) Residence, No. 17th city Mo. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|-------------------------------|--|
| 3. SEX <u>M.</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline G.</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1854</u> | | |
| 7. AGE YEARS <u>75</u> | MONTHS <u>2</u> | DAYS <u>1</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u> | | |
| 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) <u>Sept 15, 1934</u> | | |
| 11. Total time (years) spent in this occupation | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harmony Mo.</u> | | |
| 13. NAME <u>Janez Baker</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | |
| 15. MAIDEN NAME <u>Unknown</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | | |
| 17. INFORMANT (ADDRESS) <u>Paul Allen Bond, Parkers Grove Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Harmony Mo.</u> DATE <u>1-14</u> 19 <u>35</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>H. G. Gaggart, Parkers Grove Mo.</u> | | |
| 20. FILED <u>2-9</u> 19 <u>35</u> <u>A. W. Paulette</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 3rd 1935 to Jan 12th 1935
I last saw him alive on Jan 8th 1935 Death is said to have occurred on the date stated above, at 12: midnight
The principal cause of death and related causes of importance were as follows:
'Cerebral Hemorrhage' Date of onset Jan 8th 1935

Other contributory causes of importance:
Chronic arteriosclerotic atherosclerosis

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) W. C. Campbell M. D.
(Address) Albany, Mo.

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.

WRITE PLAINLY, WITH OUT AILING BRACKETING IS A NECESSARY PRELIMINARY RECORD

