

APR 1 5 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

10169

## 1. PLACE OF DEATH

County High  
 Township Spencer  
 City                      (No.                     )

Registration District No. 686  
 Primary Registration District No. 5913

File No.                       
 Registered No. 2  
 St.                      Ward                     

## 2. FULL NAME

Kirst 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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't Know6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't Know

7. AGE YEARS ✓ MONTHS                      DAYS                      IF LESS than 1 day,                      hrs. or                      min.

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                     

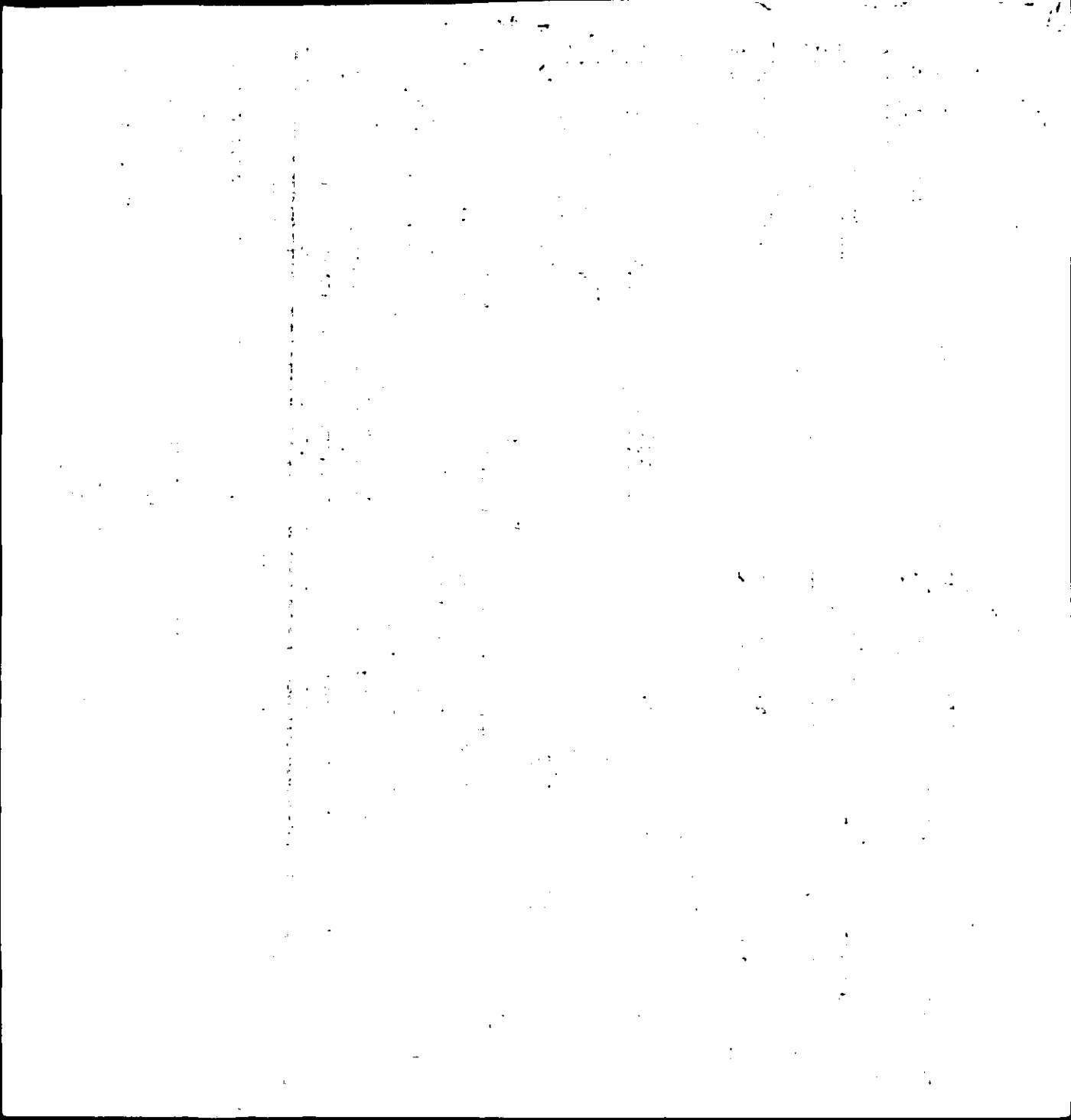
12. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)                     13. NAME Don't Know14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)                     15. MAIDEN NAME Don't Know16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)                     17. INFORMANT Vernie Baker (ADDRESS)                     18. BURIAL, CREMATION, OR REMOVAL Spencerburg DATE March 17 193519. UNDERTAKER Field & Son (ADDRESS) Spencerburg20. FILE March 17 1935 Mrs Gene Hendrix Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 193522. I HEREBY CERTIFY, That I attended deceased from March 13, 1935 to March 13, 1935I last saw him alive on March 13, 1935. Death is saidto have occurred on the date stated above, at 2-30 p.m.

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

Hypostatic pneumoniaChronic nephritisOther 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. R. Shetwell, M. D.(Address) Curryville Mo



MAY 29 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

Do not use this space.

10169.2

## 1. PLACE OF DEATH

County DikeRegistration District No. 686

Township

Primary Registration District No. 5913

City

(No. )

File No. 10169.2  
Registered No. 2  
St. X Ward2. FULL NAME KIRT BAKER(a) Residence, No. X St. X 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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. about 75

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Vernie Baker

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 3/16 19 35 Mr Gene Hendrix Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1935

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:

Hypertensive  
pneumoniaBronchopneumoniaOther contributory causes of importance: the kidneys

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) , M. D.

(Address)

MAY 27 1935

AUG 6 1935

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