

JUN 25 1935

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

Do not use this space.

17159

1. PLACE OF DEATH

County Meru
Township Princeton
City Princeton (No., St. Ward)

Registration District No. 556
Primary Registration District No. 4378

File No.
Registered No. 30
St. Ward)

2. FULL NAME

William D Baker

(a) Residence, No. St. Ward.
(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.
(If nonresident, give city or town and State)

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 Estline Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2-1842
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
93 1 14

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) Mo13. NAME John Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Lafe Baker Princeton, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE May 18 193519. UNDERTAKER (ADDRESS) Paul Mass Princeton, Mo.20. FILED 5/17 1935 JM Perry Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

, 19... to , 19...

I last saw him alive on May 16 1935 Death is saidto have occurred on the date stated above, at 4:45 p.m.

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

Cerebral hemorrhage
Hemiplegia - right side
2. Cardio-vascular-renal disease - with special reference to the degenerated kidney
Other contributory causes of importance:
Hypertension
Arteriosclerosis
18

Date of onset

4/20/35

Name of operation

What test confirmed diagnosis? Phys + Lab Was there an autopsy? No

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? No (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? No

If so, specify

(Signed) A. S. Bristow M. D.(Address) Princeton, 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.

THIS IS A PERMANENT RECORD

