

SEP 19 1935

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

Do not use this space.

25696

1. PLACE OF DEATH

County Buchanan Registration District No. 82  
Township Washington Primary Registration District No. 5127  
City County Farm (No. County Farm) St.          Ward)         

File No.           
Registered No. 60

2. FULL NAME

Joseph S. Baker

(a) Residence, No. County Farm St.          Ward.         

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 1 26

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

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) Unknown VERMONT

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Stephen K. Owen St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Topeka Kansas DATE Aug 6 1935

19. UNDERTAKER (ADDRESS) FLEEMAN MORTUARY, INC

20. FILED Aug 6 35 J. J. Bushnell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Aug 3, 1935

I last saw him alive on Aug 3, 1935 Death is said to have occurred on the date stated above at 6:30 P.M.

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

Apoplexy Date of onset 1 day

Other contributory causes of importance: Arteriosclerosis general (P)

Name of operation None Date of           
What test confirmed diagnosis?          Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? no  
If so, specify          (Signed) J. J. Bushnell

(Address) 301 P.P.S. Bldg

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.

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