

OCT 30 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

31603

1. PLACE OF DEATH

County Stone
 Township Hurley
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 846
 Primary Registration District No. 62.83

File No. _____
 Registered No. 19

2. FULL NAME

(a) Name, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? 7 yrs. 1 mos. 1 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</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 _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 18, 1935</u>		
7. AGE	YEARS	MONTHS
	<u>7</u>	<u>1</u>
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 _____		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hurley, Mo.</u>
	13. NAME <u>Eugene Baker</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hurley, Mo.</u>
MOTHER	15. MAIDEN NAME <u>Alma Maria</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Yacoma, Mo.</u>

FATHER	17. INFORMANT (ADDRESS) <u>Delph M. Chalkers</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wright Co.</u> DATE <u>Sept 19</u> 19 <u>35</u>

MOTHER	19. UNDERTAKER (ADDRESS) <u>Home Folks</u>
	20. FILED <u>10-9-35</u> <u>A. G. Chumey</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>9/18</u> 19 <u>35</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>9-14</u> 19 <u>35</u> , to <u>9-18</u> 19 <u>35</u> . I last saw him alive on <u>9-18</u> 19 <u>35</u> . Death is said to have occurred on the date stated above, at <u>1:30 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cotitis</u> 9-8 <u>meningitis</u> 9-15

Other contributory causes of importance <u>meningitis</u> 9-15

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>

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.
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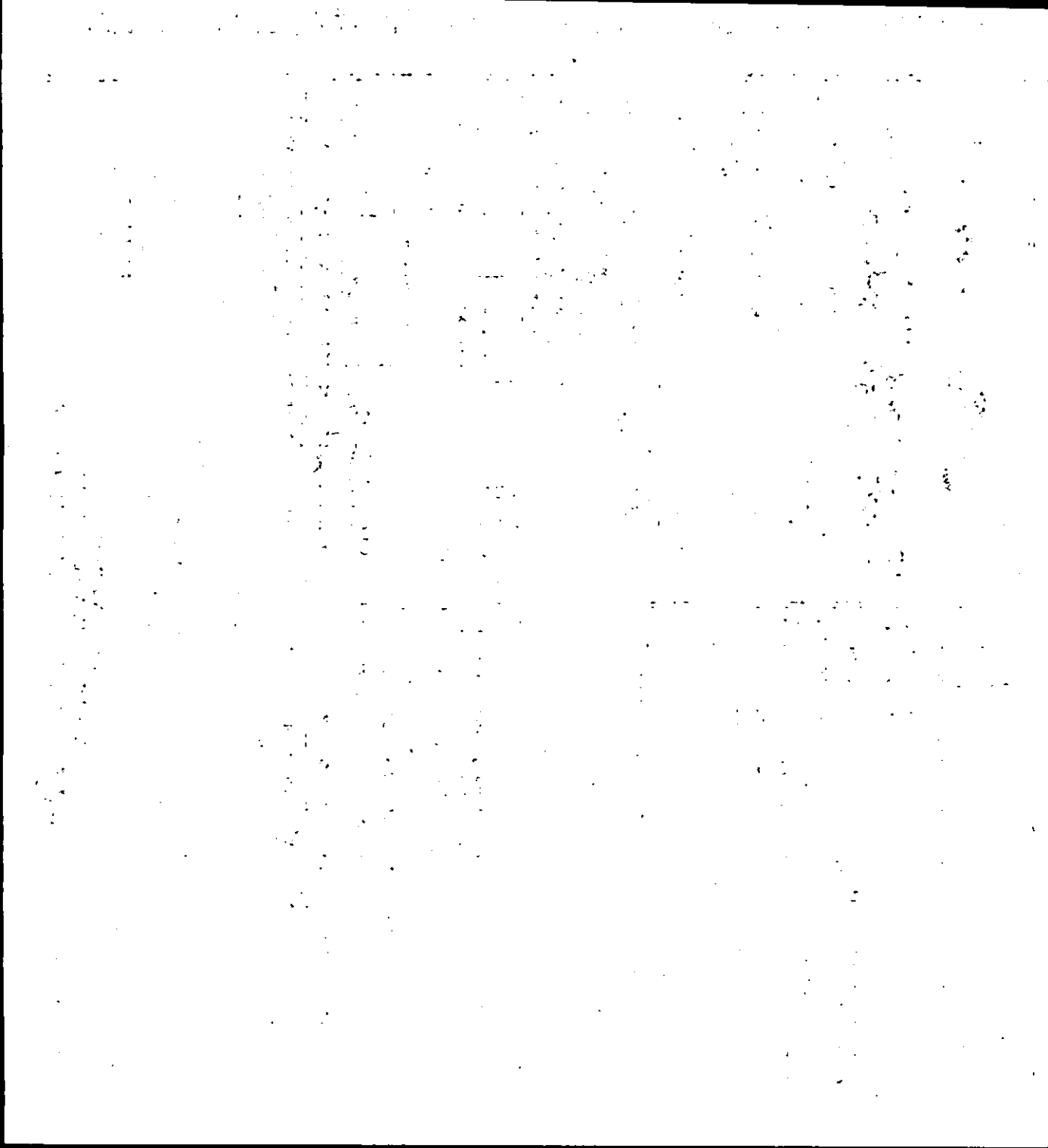
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) <u>J. R. Duggitt</u> M. D.
(Address) <u>Crane Mo</u>

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.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLY

1. PLACE OF DEATH

County Stones
Township Hurley
City _____ (No. _____)

Registration District No. 846
Primary Registration District No. 6283

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Paul Wayne 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child
(Usual place of abode)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18 1935

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

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

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

I last saw h _____ alive on _____, 19____. Death is said

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

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

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, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Date of onset _____

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

Other contributory causes of importance: Meningitis
non epidemic

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____.

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

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 10-2-35 H. J. Hanson Registrar

If so, specify _____ (Signed) J. D. Oggett, M. D.
(Address) Crane

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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S-31603