NOV 81 1935

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

Do not use this space.

32296

1. PLACE OF DEATH
County Daviess — Registration District No. 255
Township Jefferson — Primary Registration District No. 5357
City Wheatland (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME John Porter 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) ~~WIFE OF~~ Sarah Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 1862

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	8	24	

OCCUPATION

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

FATHER

13. NAME Obediah Baker

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

MOTHER

15. MAIDEN NAME Rachell Burns

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

17. INFORMANT (ADDRESS) Daughter Mrs Fred Hancock Wheatland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheatland Mo DATE Oct 7 1935

19. UNDERTAKER (ADDRESS) Pate Stamp Winston Mo

20. FILED Oct 6. 1935 Fred P. Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Oct 5, 1935

I last saw h. alive on Oct 4, 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

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

	Date of onset
Chronic Myocarditis	Probably 8 or 10 years.
930	

Other contributory causes of importance: Senility & Cystitis chron.

Name of operation None Date of .....

What test confirmed diagnosis? Phy. Exam. 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? .....
(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) Fred P Wilson, M. D.

(Address) Winston 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 UNFADING INK—THIS IS A PERMANENT RECORD