

JAN 17 1938

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

Do not use this space.

40114

1. PLACE OF DEATH

55 County Lawrence Registration District No. 467  
Township Aurora Primary Registration District No. 4280  
City Aurora (No. Ozark Hospital) St. \_\_\_\_\_ Ward) \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 73

2. FULL NAME Allen C Baker

(a) Residence, No. Jenkins Mo. R.F.D. #2 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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Jane Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 6 25

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) Wisconsin

13. NAME Hamilton Baker

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

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Kenneth Baker  
(ADDRESS) Jenkins Mo.

18. BURIAL CREMATION OR REMOVAL PLACE Armat Cemetery  
Near Purdy Mo. DATE Dec, 24 1935

19. UNDERTAKER King Funeral Home  
(ADDRESS) Aurora Mo.

20. FILED Dec 23 1935 R.W. Cowan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1935 to Dec 23 1935  
I last saw him alive on Dec 22 1935 Death is said to have occurred on the date stated above, at 1.30 P.M.

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

Urinary result of prostatic hypertrophy from stone. Date of onset \_\_\_\_\_

Other contributory causes of importance 1340

Name of operation Cystectomy Date of 12-17-35  
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) R.W. Cowan, M. D.  
(Address) Cowan

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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