

APR 16 1936

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

Do not use this space.

122

1. PLACE OF DEATH

County Barton Registration District No. 41
Township York Primary Registration District No. 5062
City Liberal (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME William Nelson 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 3 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 13, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 9 17

OCCUPATION 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. Rented Farm
10. Date deceased last worked at this occupation (month and year) Apr. 15, 1936 11. Total time (years) spent in this occupation all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan, County Illinois

MOTHER 13. NAME John Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Ohio

15. MAIDEN NAME Catherine Harbaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Pa.

17. INFORMANT Mrs. Effie Baker
(ADDRESS) Liberal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Barton City, Liberal DATE Mo Feb. 2, 1936

19. UNDERTAKER Berkey Funeral Service
(ADDRESS) Multipley Kansas

20. FILED Feb. 20th 1936 F.R. Hill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29th, 1936, to Jan 30th, 1936

I last saw him alive on Jan 30th, 1936 Death is said to have occurred on the date stated above, at 9:30 P m.

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

Lobar pneumonia with cardiac failure

Date of onset

Other contributory causes of importance:

X

Name of operation X Date of X

What test confirmed diagnosis? Y Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury Y, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Y

Manner of injury X

Nature of injury X

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

If so, specify Exposure

(Signed) Dr. R. D. Kipland, M. D.

(Address) Liberal, 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.

