

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.

FEB 18 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Grady  
Township Grady Precinct  
City Everton MO

Registration District No. 236  
Primary Registration District No. H143

File No. 719  
Registered No. 33  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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

3. SEX <u>M.</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 <u>Belle Baker</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20, 1861</u>				
7. AGE	YEARS <u>74</u>	MONTHS <u>4</u>	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewiston, Mo</u>			
	13. NAME <u>John Baker</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
	15. MAIDEN NAME <u>Martha Hastings</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>			
	17. INFORMANT <u>Clara Cook</u> (ADDRESS) <u>Everton MO</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Shiloh</u> DATE <u>Jan 23 1936</u>				
19. UNDERTAKER <u>Wheeler Funeral Home</u> (ADDRESS) _____				
20. FILED <u>Jan 22 1936</u> <u>C. P. Faires</u> M. D. Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 21</u> , 19 <u>36</u>
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 1</u> , 19 <u>34</u> , to <u>Jan 21</u> , 19 <u>36</u> I last saw him alive on <u>Jan 10</u> , 19 <u>36</u> Death is said to have occurred on the date stated above, at <u>2 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Branchitis with Bronchietestis</u> Date of onset _____ Other contributory causes of importance <u>100%</u> Name of operation _____ Date of _____ What test confirmed diagnosis? <u>Clinical</u> 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. _____ Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>Oliver P. Faires</u> (Signed) _____, M. D. (Address) <u>Everton MO</u>

