MAR 16 1936

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

Do not use this space.

4596

1. PLACE OF DEATH
County Buchanan, Registration District No. 85
Township Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

File No.
Registered No. 140

2. FULL NAME William Henry Baker,
(a) Residence, No. St., Ward. R.F.D. # 1, Faucett, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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): Single,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29th. 1887
7. AGE: YEARS 48, MONTHS 2, DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

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. Farm
10. Date deceased last worked at this occupation (month and year) February 1936,
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

FATHER
13. NAME Benjamin F. Baker,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

MOTHER
15. MAIDEN NAME Margaret S. Robimson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

17. INFORMANT (ADDRESS) Mrs. H. L. Thomas DeKalb, Missouri,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Halleck, Mo. DATE Feb. 4th. 1936
19. UNDERTAKER (ADDRESS) Heaton-Bigelow & Bowman 319 So. 10th St. Funeral Home
20. FILED 2-4 1936 John K. Kelcher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1936
22. I HEREBY CERTIFY, That I ~~attended~~ autopsied deceased from Feb 2, 1936, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 A.m.
The principal cause of death and related causes of importance were as follows:
Intra thoracic hemorrhage
Sternum fractured
Date of onset
210 M
Other contributory causes of importance:
leading horse down road
& car hit him
Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/1, 1936
Where did injury occur? Buchanan County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury struck by auto
Nature of injury Intra thoracic hemorrhage fractured sternum
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Forrest Thomas Coroner, M. D.
(Address) 731 Faraon

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.