

MAR 18 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5283

1. PLACE OF DEATH

County Deer
 Township Watkins
 City Chamber (No. Baker)

Registration District No. 266
 Primary Registration District No. 5378

File No. 16
 Registered No. 16
 St. 16 Ward 16

2. FULL NAME

(a) Residence, No. Chamber Baker St. 16 Ward 16
 (Usual place of abode)

Length of residence in city or town where death occurred 30 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30-1857

7. AGE YEARS 78 MONTHS 6 DAYS 21 If LESS than 1 day, hrs. or min.

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) Vermillion Co Ill

13. NAME Perry Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Margarete Allison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT (ADDRESS) Walter Baker Lake Spring Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Spring DATE 2/22 1936

19. UNDERTAKER (ADDRESS) W. E. Ridd Mo

20. FILED 221 1936 Registrar W. E. Ridd Mo

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 to Feb 21 1936

I last saw him alive on Feb 17 1936 Death is said to have occurred on the date stated above, at 6 A. m.

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

Pyrexia
cardiac decompensation
acute myocarditis
1102
2/14/36

Other contributory causes of importance: Influenza
heart & kidney changes
2/12

Name of operation Cardiac Date of 2/12

What test confirmed diagnosis Cardiac Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no

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 no Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) W. E. Ridd M. D. (Address) W. E. Ridd Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PUBLIC 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.

