

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAR 23 1936

5637

1. PLACE OF DEATH

County Howard  
Township Beauslick  
City Beauslick (No.       )

Registration District No. 377  
Primary Registration District No. 4241

File No.         
Registered No.        St.        Ward       

2. FULL NAME William L. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 (write name) Conradie Hickman Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16-1848

7. AGE YEARS 87 MONTHS 8 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 1928 11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Charles, Mo.

13. NAME Wm L Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Charity M. Shultz

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

17. INFORMANT G. D. Baker (ADDRESS) Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville, Mo. DATE 2/19/36

19. UNDERTAKER C. S. Preece (ADDRESS) New Franklin, Mo.

20. FILED 3-1 19 36 W. A. Bloom Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1936 to Feb 5 1936  
I last saw him alive on Feb 5 1936 Death is said to have occurred on the date stated above, at 7:30 p.m.  
The principal cause of death and related causes of importance were as follows:

General Debility

Other contributory causes of importance debility

Name of operation none Date of         
What test confirmed diagnosis? Clinical 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        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? No  
If so, specify       

(Signed) W. S. McQuinn, M. D.  
(Address) Boonville Mo.

W. J. G. J.

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

Do not use this space.

**1. PLACE OF DEATH**

County Laward

Registration District No. 377

Township

Primary Registration District No. 5525

City

(No)

St.

Ward

**2. FULL NAME**

(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

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

3-1

19

36 W. A. Bloom

Registrar

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

Feb. - 17 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

Date of onset

General Debility

Branchial Pneumonia

Other contributory causes of importance:

Name of operation

Date of

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)

(Address)

M. D.

M. S. McRae  
Boonville, Mo.

Every year 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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