

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

Do not use this space.

8754

**1. PLACE OF DEATH**

County Saline Registration District No. 792  
Township Arrow Rock Primary Registration District No. 6035  
City (No. ) St. Ward

**2. FULL NAME**

John Mills Baker  
(a) Residence No. Nelson, Mo. 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**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1849  
7. AGE YEARS 86 MONTHS 6 DAYS 7 IF LESS than 1 day, ..hrs. or ..min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. 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) Arrow Rock, Mo.

FATHER 13. NAME John Baker

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT yes, P. Baker  
(ADDRESS) Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Nelson, Mo. DATE Feb. 7, 1936

19. UNDERTAKER J. L. Perry  
(ADDRESS) Nelson, Mo.

20. FILED Feb 10, 1936 C. L. Rawl  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1936 to Feb 5, 1936  
I last saw him alive on 2-3, 1936. Death is said to have occurred on the date stated above, at 10 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary Prostate 6 mos.  
Date of onset

Other contributory causes of importance: Coronary artery 3 mos.

Name of operation Cesotomy Date of    
What test confirmed diagnosis?   Was there an autopsy? NO

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? NO  
If so, specify  
(Signed) R. M. ... M. D.  
(Address) Nelson, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT 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.

MAR 25 1936

