

MAR 25 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

8914

## 1. PLACE OF DEATH

County LullwaterTownship MorrisCity                      (No.                     )Registration District No. 849Primary Registration District No. 6/35File No.                     Registered No. 16St.                      Ward                     2. FULL NAME Dr. E.G. Baker(a) Residence, No.                     

(Usual place of abode)

St.                     Ward                     

(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)

Married

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

Della Baker

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

2-5-1872

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,                      hrs. or                      min.6467

## OCCUPATION

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

Medical Doctor

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)

Mo.

## FATHER

## 13. NAME

John Baker

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

Mo.

## MOTHER

## 15. MAIDEN NAME

Sarah Pace

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

Don't Know

## 17. INFORMANT (ADDRESS)

Della Baker  
Wesigan Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Wesigan DATE 2-14 1936

## 19. UNDERTAKER (ADDRESS)

Glen E. Teub  
Green City Mo

## 20. FILED

3-9 1936 Virginia Gibson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1936 19

22. I HEREBY CERTIFY, That I attended deceased from

Jan 6 1936, 19, to Feb 11 1936, 19I last saw him alive on Feb 11 1936, 19. Death is said to have occurred on the date stated above, at 11 P.m.

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

Sclerosis of Coronary Arteries

Date of onset

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                     , 19Where 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) W. H. Hinton M.D., M. D.(Address) GREEN CITY, Mo.

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.

