

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.

SEP 23 1936

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

Do not use this space.

14944<sup>a2</sup>

1. PLACE OF DEATH

County Henry  
Township White Oak  
City Brook (No. ....)

Registration District No. 347  
Primary Registration District No. 5495

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

2. FULL NAME

Emery Earnest Baker

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

Length of residence in city or town where death occurred 20 yrs. .... mos. .... ds. How long in U. S., if of foreign birth? 79 yrs. 7 mos. 19 ds. (If nonresident, give city or town and State)

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 Carrie Alice Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12 - 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
79 7 19

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. Gen Farm Work  
10. Date deceased last worked at this occupation (month and year) 1916 - Jan 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER FATHER  
13. NAME Joseph A. Baker

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

15. MAIDEN NAME Sarah Ann True

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

17. INFORMANT W. H. Erwin (ADDRESS) Wich Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hantsakee Ill. Maids DATE 1936

19. UNDERTAKER Geo Hasenpfer (ADDRESS) Wich Mo

20. FILED Aug 10 1936 J. H. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 - 1936

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1936 to March 31 - 1936

I last saw him alive on March 31 - 1936. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Double Lobar Pneumonia Date of onset 3/31-36

Other contributory causes of importance: Influenza 5/23-36

Name of operation ..... Date of .....  
What test confirmed diagnosis? Physical 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? no  
If so, specify .....

(Signed) J. G. McDonald, M. D.  
(Address) Wich Mo

