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

MAY 27 1936

Do not use this space.

File No. 16534

Registered No. 35

1. PLACE OF DEATH

County: Reynolds

Township: Lesterville

City: (No. , St. Ward)

Registration District No. 749

Primary Registration District No. 3984

2. FULL NAME: David Westerman Baker

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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~~: Nell Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 31, 1873

7. AGE: Years 62 | Months 3 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

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): Reynolds Co. Mo.

FATHER

13. NAME: Joe Baker

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

MOTHER

15. MAIDEN NAME: unknown

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

17. INFORMANT (ADDRESS): Bud Baker Lesterville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Lesterville Mo DATE: 4/4/36, 19

19. UNDERTAKER (ADDRESS): White & Son Tronton Mo.

20. FILED: Apr. 9, 1936 C. M. Fitzpatrick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1936, to April 2, 1936

I last saw him alive on April 2, 1936. Death is said to have occurred on the date stated above, at 10.30 m. P. M.

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

	Date of onset
Cerebral hemmorhage	
8281	

Other contributory causes of importance:

Name of operation: — 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? 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) C. M. Fitzpatrick M. D.

(Address) Lesterville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very