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

Do not use this space.

JUL 16 1936

File No. 21896

Registered No. 97

1. PLACE OF DEATH

County Audrain — Registration District No. 26

Township Salt River — Primary Registration District No. 3002

City Mexico, Missouri (No. Audrain County Hospital St. Ward)

2. FULL NAME John Baker

(a) Residence, No. Montgomery City, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	78	10	16	

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) St. Charles County Missouri

FATHER

13. NAME Edward Baker

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Audrain County Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery City, Mo. DATE June, 9 '36

19. UNDERTAKER (ADDRESS) Union Undertaking Co. Montgomery City, Missouri

20. FILED June 8, 1936 Blanche Peeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to June 7, 1936, last saw him alive on June 7, 1936. Death is said to have occurred on the date stated above, at 9:00 P.m.

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

	Date of onset
General peritonitis following injury from fall. Intestinal perforation	

Other contributory causes of importance:

Hemrd arteriosclerosis	
Chronic nephritis (type not determined)	

Name of operation None Date of

What test confirmed diagnosis? No findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 6/6, 1936
Where did injury occur? Montgomery City, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury While lifting cuff. Car struck when jacked to ground
Nature of injury Lower abd. hernia

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) H. E. Brashear, M. D.
(Address) Mexico, 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.

WRITE PLAINLY WITH UNFADING INK—PRINTING IS A PERMANENT RECORD

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