

AUG 17 1936

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

Do not use this space.

25830

## 1. PLACE OF DEATH

County Carroll  
Township Carrollton,  
City Carrollton, (No. ....)

Registration District No. 1307  
Primary Registration District No. 3070  
5120

File No. ....  
Registered No. 73  
St. .... Ward)

2. FULL NAME Charles Baker,

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

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 16, 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
76 10 21.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer,  
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) Petersburg, Ill.

13. NAME J. H. Baker,  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,

15. MAIDEN NAME Elizabeth Turner,  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky,

17. INFORMANT Mrs Kate Baker,  
(ADDRESS) Tina, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Avalon, DATE 7/9/36, 19

19. UNDERTAKER Clifford W. Austin  
(ADDRESS) Tina, Mo.

20. FILED 7-9 1936 Clifford W. Austin  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-4, 1936, to 7-7, 1936

I last saw him alive on 7-7, 1936. Death is said

to have occurred on the date stated above, at 4:30pm  
The principal cause of death and related causes of importance were as follows:

Acute Septic Appendicitis Date of onset

Abcess 12/2

Other contributory causes of importance:

Name of operation Appendectomy Date of July 7  
What test confirmed diagnosis? Cp - Was there an autopsy? Yes

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) [Signature], M. D.  
(Address) [Address]

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.

