

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

Do not use this space.

27016

AUG 21 1936

1. PLACE OF DEATH
 County Jasper Registration District No. 411 File No. _____
 Township Joplin Primary Registration District No. 2003 Registered No. _____
 City Joplin (In _____) _____ Ward _____

2. FULL NAME Laken Richard Baker
 (a) Residence, No. 1104 Range Line 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.

Miss

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 Matthie Baker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1864
 7. AGE YEARS 72 MONTHS 1 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER: 13. NAME Laken D. Baker

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

15. MAIDEN NAME Margaret Graham

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

17. INFORMANT (ADDRESS) Gay D. Baker

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 7-11-36

19. UNDERTAKER (ADDRESS) Heurthelund Co

20. FILED 7-11-36 Ed D. James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1936

2. I HEREBY CERTIFY, That I attended deceased from July 7 1936 to July 9 1936
 I last saw him alive on July 7 1936 Death is said to have occurred on the date stated above, at _____ m.

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

Chronic Nephritis
10
 Other contributory causes of importance:
Mercurial arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical 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? No
 If so, specify _____
 (Signed) Har. L. Hoff M. D.

(Address) Joplin Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of cause of death.

