

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

Do not use this space.

29697

1. PLACE OF DEATH

County Worth Registration District No. 903
Township Smith Primary Registration District No. 62011
City Albany (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

James L. Baker
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Sarah Jane Baker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE - YEARS _____ MONTHS _____ DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
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) April 1930 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lowell Iowa

MOTHER 13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Albert Baker

18. BURIAL, CREMATION, OR REMOVAL PLACE High Cem DATE 7/19/36

19. UNDERTAKER (ADDRESS) Arch C. Dumble

20. FILED 8-8 1936 Red Mill M.D. Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1936
22. HEREBY CERTIFY that I attended deceased from June 20 1936 to July 8 1936
I last saw him alive on July 7 1936. Death is said to have occurred on the date stated above, at 10:30 AM
The principal cause of death and related causes of importance were as follows:

Mental degeneration - Date of onset 1920
of heart
fractured hip Jan 2 1936
(right)

Name of operation Spinal findings Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

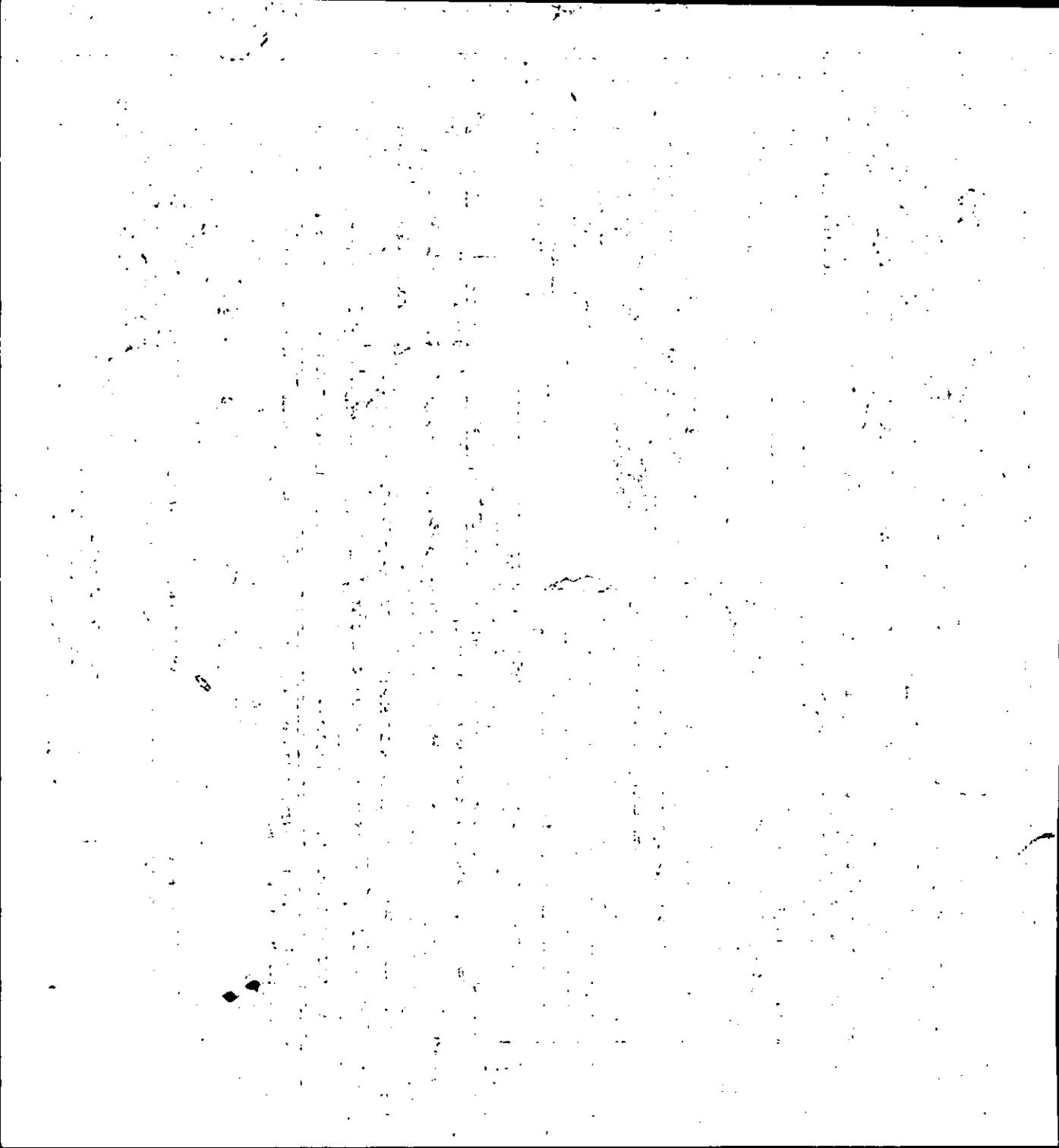
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 6-20 1936
Where did injury occur? Grandmother's (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On street

Manner of injury fractured hip
Nature of injury _____

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

(Signed) E. J. Rose M.D. M. D.
(Address) Grandmotherly

COPY OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Warth
Township Smith
City (No. _____) St. _____ Ward _____

Registration District No. 903
Primary Registration District No. 6211

File No. _____
Registered No. _____

2. FULL NAME

James L. Baker
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

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

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

7. AGE YEARS 79 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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.

10. Date deceased last worked at this occupation (month and year) April 19, 1930 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lehigh, Iowa

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Albert Baker Grant City, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Cem DATE 7/10 1936

19. UNDERTAKER (ADDRESS) Wash & Turner Grant City, Mo

20. FILED 8-8 1936 Bred Mull Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1936

22. I HEREBY CERTIFY that I attended deceased from June 20 1936 to July 8 1936. I last saw him alive on July 7 1936. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Mitral regurgitation of heart 1860 Date of onset 1920

Other contributory causes of importance: fractured hip (right) June 1936

Name of operation _____ Date of _____ What test confirmed diagnosis? Physical 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 6-20 1936

Where did injury occur? Grant City, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Manner of injury on street - fell Nature of injury fractured hip

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) P. J. Ross, M. D. (Address) Grant City, Mo

SURRENDERED

Exact statement of OCCUPATION is very important.

29697

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NATIONAL ARCHIVES