

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

Do not use this space.

OCT 22 1936

34861

1. PLACE OF DEATH

County Wells
Township Wellington
City Wellington (No.)

Registration District No. 466
Primary Registration District No. 46220

File No.
Registered No. 14 St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wht</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-25-1867</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>4</u>	DAYS <u>26</u>
If LESS than 1 day, hrs. min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Aug 13, 1936</u>	
11. Total time (years) spent in this occupation <u>15 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shamokin Pa.</u>		
FATHER	13. NAME <u>Henry A. Baker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shamokin Pa.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Keelley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>	
17. INFORMANT <u>Mrs. Mary Baker</u> (ADDRESS) <u>Wellington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wellington Mo.</u> DATE <u>Sept 23, 1936</u>		
19. UNDERTAKER <u>Defensor Funeral Home</u> (ADDRESS) <u>Wellington Mo.</u>		
20. FILED <u>Sept 23, 1936</u> <u>F. M. Mauer</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Sept 16 1936 to Sept 21 1936

I last saw him alive on Sept 16 1936 Death is said to have occurred on the date stated above, at 12:00 p. m.

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

Date of onset

Other contributory causes of importance:
(1) Hypertension - left -
(2) Hypertrophic cardiomyopathy
(3) Atherosclerosis

Name of operation none Date of none

What test confirmed diagnosis? Px Was there an autopsy? none

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) W. C. Beltram M. D.
(Address) Wellington Mo.

