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.

DEC 3 1936

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

Do not use this space.

38184

File No. 18

Registered No. 62

1. PLACE OF DEATH

County Lafayette — Registration District No. 464

Township ~~Washington~~ — Primary Registration District No. 4275

City Mayview, Mo. (No. ..... St. ..... Ward)

2. FULL NAME Charles M. Baker

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Colored	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 15 May 1861

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Triplet, Mo.

FATHER

13. NAME Harry Baker

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

MOTHER

15. MAIDEN NAME Susan Triplet

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

17. INFORMANT Peyton Baker
(ADDRESS) Mayview, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mayview DATE 10-29 1936

19. UNDERTAKER A H Hader
(ADDRESS) Higginsville, Mo.

20. FILED 10-29 1936 Mrs E. M. Goodwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28 — 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23 — 1936, to Oct. 28 1936

I last saw him alive on Oct. 27 — 1936. Death is said to have occurred on the date stated above, at 7 P m.

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

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None 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 ....., 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) Jno. B. Willis, M. D.

(Address) Mayview Mo