

JAN 20 1937

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

Do not use this space.

45424

1. PLACE OF DEATH

County Linn
Township Baker
City (No.) (St.) (Ward ..)

Registration District No. 57
Primary Registration District No. 257

File No.
Registered No.

2. FULL NAME Samuel Robinson Baker

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

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 28, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Miner
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) 1931 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Salem, Mo.

FATHER 13. NAME Robert Baker

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

MOTHER 15. MAIDEN NAME Jane Couch

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

17. INFORMANT (ADDRESS) Raymond Baker St. Catherine, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant View DATE Dec. 3 1936

19. UNDERTAKER (ADDRESS) Mrs. M. J. Rusak Brookfield, Mo.

20. FILED 12-3 1936 J. H. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 - 27, 1936 to 12 - 2, 1936
I last saw him alive on 12 - 2, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

Widespread growth of prostate.
kidney cancer
Date of onset unknown

Other contributory causes of importance: 5
asthma unknown

Name of operation none Date of ✓
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ✓, 1936
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) R. E. Jenkins, M. D.
(Address) Brookfield Mo

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.

