

APR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cooper
Township South Moniteau
City (No. _____) _____ St. _____ Ward _____

Registration District No. 10933Primary Registration District No. 4336File No. 11693

Registered No. _____

2. FULL NAME John Martin Baker

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 11, 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Johana Baker (Deceased)22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937, to Mar. 10, 1937I last saw him alive on Mar. 10, 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Chronic Myocarditis
mitral Stenosis.

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 28th, 1863

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

738138. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) November, 1937 11. Total time (years) spent in this occupation Life

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany13. NAME John M. Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Mary Ann Zey16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Charles C. Baker
(ADDRESS) Clarksburg, Mo18. PLACE OF DEATH OR REMOVAL Clarksburg, Mo DATE 3-14-3719. UNDERTAKER Janeel E. Richards
(ADDRESS) Jupton, Mo20. FILED 3-15-37 J. C. Martin
Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) R. J. O. Barrison, M.D.

(Address) _____

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.

