MAY 17 1937

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

Do not use this space.

File No. 15659

Registered No.

1. PLACE OF DEATH

9 County Bollinger, Registration District No. 66

Township Lorance, Primary Registration District No. 5161-R

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

2. FULL NAME Philip 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

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: Katie Baker,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 22, 1869

7. AGE: Years 67, Months 8, Days 6. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glenallen Mo.

FATHER

13. NAME: Henry Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger,

MOTHER

15. MAIDEN NAME: Shell.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co.

17. INFORMANT: Pete Baker, (ADDRESS) Glenallen Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Glenallen, DATE Apr 30 1937

19. UNDERTAKER: Baker, Funeral Home, (ADDRESS) Lutesville, Mo, By T. C. [illegible]

20. FILED 5/ 1937 J. J. C. Sandler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 27th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936, to April 24, 1937

I last saw him alive on April 24, 1937. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows: Cerebral haemorrhage — Date of onset 4-27-37

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Other contributory causes of importance: Chronic interstitial nephritis

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) J. C. Bangaff, M. D.

(Address) Marble Hill 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.