

MAY 19 1937

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

Do not use this space.

16076

1. PLACE OF DEATH

County

Clay

Registration District No.

2013

File No.

Township

Liberty

Primary Registration District No.

5280

Registered No.

City

Liberty

(No.)

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

James Harry Baker

209 Pine St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

60 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

Matthe C. Baker

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

July 17-1860

7. AGE

YEARS

77

MONTHS

2

DAYS

27

If LESS than 1 day, hrs. or min.

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

Retired -

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Juror

10. Date deceased last worked at this occupation (month and year)

5 yrs. Plattsburg

11. Total time (years) spent in this occupation

50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Plattsburg, Mo

13. NAME

Abner Baker

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

Ky

15. MAIDEN NAME

Nannie Wilhoit

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

Ky

17. INFORMANT (ADDRESS)

Mrs. James H. Baker

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Liberty

DATE

Apr 16 1937

19. UNDERTAKER (ADDRESS)

Obstach & Archer, Co

20. FILED

7-15-37

E. T. Breen

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Apr. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 14, 1935, to Apr. 14, 1937

I last saw him alive on Apr. 14, 1937. Death is said

to have occurred on the date stated above, at 6 P. m.

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

Coronary Embolism
General Arteriosclerosis

Date of onset

Other contributory causes of importance:

a. d. b.

Name of operation

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? 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) Burton Malley, M. D.

(Address) Liberty, Mo.

