

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

Do not use this space.

MAY 28 1937

1. PLACE OF DEATH

64 County Monroe Registration District No. 581
 Township _____ Primary Registration District No. 4343
 2 Monroe City (No. _____) St. _____ Ward _____

File No. 17017
 Registered No. 11

2. FULL NAME

John Steven Baker
 (a) Residence, No. S 26-1st St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leola Baker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 81 3 12
 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Latimer
 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) 7-27 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Mo
 13. NAME William Baker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Mo
 15. MAIDEN NAME Leola Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leola Know

17. INFORMANT H. D. Baker (ADDRESS) Monroe City Mo
 18. BURIAL, CREMATION, OR DISPOSAL PLACE St. Joseph's Cemetery DATE April 28 1937
 19. UNDERTAKER Wilson T. Spivey (ADDRESS) Monroe City Mo
 20. FILED 4/27 1937 W. D. Peptun Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1937
 I HEREBY CERTIFY, that I attended deceased from November 6 1936 to April 26 1937
 I last saw him alive on April 25 1937 Death is said to have occurred on the date stated above, at 9:25 a.m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 4/23/37
 Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 3
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Harold J. Keller M. D.
 (Address) Monroe City, Missouri

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.

