MAY 31 1937

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

Do not use this space.

File No. 17790

Registered No.

1. PLACE OF DEATH
104 County: Stone
Registration District No. 842
Township: Pierce
Primary Registration District No. 6184
City: Crane (No. ... St. ... Ward)

2. FULL NAME: W H Baker

(a) Residence, No. Crane St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 31 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 22 1858

7. AGE: YEARS 78, MONTHS 5, DAYS 18. If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Stone Co Mo

FATHER

13. NAME: Henry Baker

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

MOTHER

15. MAIDEN NAME: Margarett Gentry

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

17. INFORMANT: E R Baker
(ADDRESS): Crane

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crane Cem DATE: 4-15 37

19. UNDERTAKER: Geo H Monlove
(ADDRESS): Crane Mo

20. FILED 4/12 1937 Mrs. Ethel Doggett, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-10 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 - 1937, to Apr 10 - 1937

I last saw him alive on Apr 8 - 1937. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows: Apoplexy — Date of onset: 4-5-37

Other contributory causes of importance: Arteriosclerosis — 1900

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) H. L. Kerr, M. D.
(Address) Crane Mo

Kerr

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.