

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.

JUN 17 1937

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

Do not use this space.

19732

File No. _____
Registered No. 22 Ward _____

1. PLACE OF DEATH
 County Carter Registration District No. 146
 Township Pike Primary Registration District No. 5209
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME P. L. Baker
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 8 14

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

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) Illinois

FATHER 13. NAME Philetus Baker

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

MOTHER 15. MAIDEN NAME Sarah Thompson

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

17. INFORMANT Ralph Baker (ADDRESS) Fremont, MO.

18. BURIAL PLACE Bristol Cemetery, Carter County DATE Feb. 11, 1937

19. UNDERTAKER (ADDRESS) W. C. Croy Van Buren, Mo.

20. FILED Jan 14, 1937 Jessie Schuff Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1937, to Feb-10, 1937
 I last saw him alive on 27 10, 1937 Death is said to have occurred on the date stated above, at _____
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 37

Other contributory causes of importance:
108

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? No
 If so, specify _____
 (Signed) W. H. Burton M. D.
 (Address) Van Buren, Mo.

FEB 6 1947