AUG 24 1937

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

Do not use this space.

27413

1. PLACE OF DEATH
County: Jackson
Township: Blue
City: (No. 539 Tenn. St. Ward)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 232

2. FULL NAME: Luke Fred Baker

(a) Residence, No. 539 Tennessee 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: Frances Schlie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11/7/1877

7. AGE: Years 59 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: County investigator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Jackson Co.
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): Wisc.

FATHER
13. NAME: Henry Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Elizabeth Rooney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

17. INFORMANT: Mrs. Fred Baker
(ADDRESS): 539 Tenn.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Mayrs Cem. DATE: 7/5/37, 19

19. UNDERTAKER: Sheil Funeral Home
(ADDRESS): 6506 Indep. Ave.

20. FILED: 7-12-, 1937 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec., 1936, to, 19
I last saw him alive on July 1, 1937. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	
Other contributory causes of importance: Cirrhosis of Liver	

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:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Paul A. Johnson, M. D.
(Address) 920 Newton

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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JUN 25 1948