

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

AUG 25 1937

File No. **27655**
 Registered No. **95**
 St. _____ Ward _____

1. PLACE OF DEATH

56 County **Lewis**
 Township _____
 City **Canton** (No. _____)

Registration District No. **477**
 Primary Registration District No. **4286**

2. FULL NAME

(a) Residence, No. _____ 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) **Widower**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widower**6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 15 - 1858**7. AGE YEARS **79** MONTHS **2** DAYS **2** If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Farmer**

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) **Jan 1 - 1937** 11. Total time (years) spent in this occupation **Life**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Franklin Co Mo**13. NAME **Willis Baker**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**15. MAIDEN NAME **Martha Hardy**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**17. INFORMANT (ADDRESS) **Willis Baker (Son) Canton Mo**18. BURIAL, CREMATION, OR REMOVAL PLACE **Canton** DATE **7-20-37**19. UNDERTAKER (ADDRESS) **A. S. Kelly Canton Mo**20. FILED **July 20, 1937** **H. W. Harris** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 17, 1937**22. I HEREBY CERTIFY, That I attended deceased from **Feb**, 1937, to **July 17**, 1937.I last saw him alive on **July 17**, 1937. Death is said to have occurred on the date stated above, at **8:30 a.m.**

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

Pulmonary Stenosis

Date of onset _____

Other contributory causes of importance:

Arteriosclerosis**1932**

Name of operation _____ Date of _____

What test confirmed diagnosis? **Biopsy** 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) **J. J. Hillard, D.D.**(Address) **Canton Mo**

