

SEP 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County GasperRegistration District No. 416File No. 30986Township SarcoxPrimary Registration District No. 5571B

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 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 65 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 Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Baker6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 18477. AGE YEARS 89 MONTHS 8 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. Retired9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased was worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Tenn13. NAME Joe Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME Elizabeth Derrick16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT Frank Baker  
(ADDRESS) Sarcox, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Sarcox, Mo DATE 8-5 3719. UNDERTAKER Engel's Funeral Home  
(ADDRESS) Sarcox, Mo20. FILED Aug 4 19 37 Leroy Simmons  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3, 193722. I HEREBY CERTIFY, That I attended deceased from 7-30, 1937, to 8-3, 1937I last saw him alive on 7-30, 1937 Death is saidto have occurred on the date stated above, at 8 a m.

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

Apoplexy Date of onset 8-3-37

Other contributory causes of importance:

Chronic Endocarditis 7

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) L. A. Peterson W. C. O.(Address) Sarcox, Mo

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

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