

WRITE PLAIN, 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.

DEC 16 1937

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

Do not use this space.

40998

1. PLACE OF DEATH

County L. Clay  
Township Liberty  
City (No. ....) .....

Registration District No. 201<sup>2</sup>  
Primary Registration District No. 5280

File No. 98  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Liberty Reg 2 St., ..... Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dorcas E. Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>006-17-1859</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>0</u>
	DAYS <u>25</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>for self.</u>	
	10. Date deceased last worked at this occupation (month and year) ..... <u>5 yrs 6 mos 60</u>	
11. Total time (years) spent in this occupation ..... <u>60</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay Co Mo</u>		
FATHER	13. NAME <u>Thomas J. Baker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Martha Mitchell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Mrs. Lonella Finley</u> (ADDRESS) <u>Raton, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo</u> DATE <u>Nov. 12 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. - Gachon Co</u> <u>Liberty, Mo</u>		
20. FILED <u>11/14/37</u> <u>E. J. Grant</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1937, to Nov 12, 1937

I last saw him alive on Nov 12, 1937. Death is said to have occurred on the date stated above, at 10 p.m.

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

Chc. Myocarditis  
Chc. Nephritis

Date of onset

Other contributory causes of importance  
Hypostatic Pneumonia

Name of operation none 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) Guustudun, M. D.  
(Address) Liberty, Mo

