

DEC 2 11937

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Baker
City (No.) St. Ward

Registration District No. 506
Primary Registration District No. 5671

File No.
Registered No.

41795

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

Ross Albert Baker

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 4, 1889</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>5</u>	DAYS <u>10</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>Farmer</u>
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) <u>Aug. 19-37</u>	11. Total time (years) spent in this occupation <u>25</u>

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Sullivan Co. Missouri</u>	
13. NAME	<u>Samuel R. Baker</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>North Salem Mo.</u>	
15. MAIDEN NAME	<u>Nancy Jane Pickersel</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Not known</u>	
17. INFORMANT (ADDRESS)	<u>Raymond Baker St. Catherine Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Pleasant View</u>	DATE <u>Nov 15 1937</u>

19. UNDERTAKER (ADDRESS)	<u>Rusk Funeral Home</u>
20. FILED	<u>11/15 - 1937 J. L. Davis Registrar.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1937, to 11-13, 1937
I last saw h. in... alive on 11-8, 1937. Death is said to have occurred on the date stated above, at 2 p.m.

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

Cardiac decompensation
Chronic interstitial neph.
Chronic secondary anemia

Date of onset 7

Other contributory causes of importance:

Name of operation None Date of 11-13-37
What test confirmed diagnosis? None Was there an autopsy? Yes

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? Yes
If so, specify _____

(Signed) B. C. L. L. L., M. D.
(Address) Broadway Mo.

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.

