

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.

JAN 20 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County MarionRegistration District No. 541Township JeffersonPrimary Registration District No. 5730City Jefferson(No. 1)St. Mo.Ward 1

## 2. FULL NAME

Dennis Virgil Baker(a) Residence, No. 1St. Mo.Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 1mos. 1ds. 1

How long in U. S., if of foreign birth?

yrs. 1mos. 1ds. 1

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

marriedSA, IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFAnna Baker

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.46

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.farmer9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.farm10. Date deceased last worked at  
this occupation (month and  
year) March 1, 193711. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Cooper Hill, Mo.

FATHER

## 13. NAME

James Baker14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Cooper Hill, Mo.

MOTHER

## 15. MAIDEN NAME

Nancy Ellen Jett16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Cooper Hill, Mo.17. INFORMANT'S  
(ADDRESS)B. M. Baker, Bland, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Francis Cem.DATE Apr. 419. UNDERTAKER  
(ADDRESS)J. G. Licklider  
Belle, Mo.

## 20. FILED

Dec 10, 1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from

March 25, 1937, to April 7, 1937I last saw him alive on April 7, 1937 Death is saidto have occurred on the date stated above, at 4 a. m.

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

Lobar pneumonia

Date of onset

Other contributory causes of importance:

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.

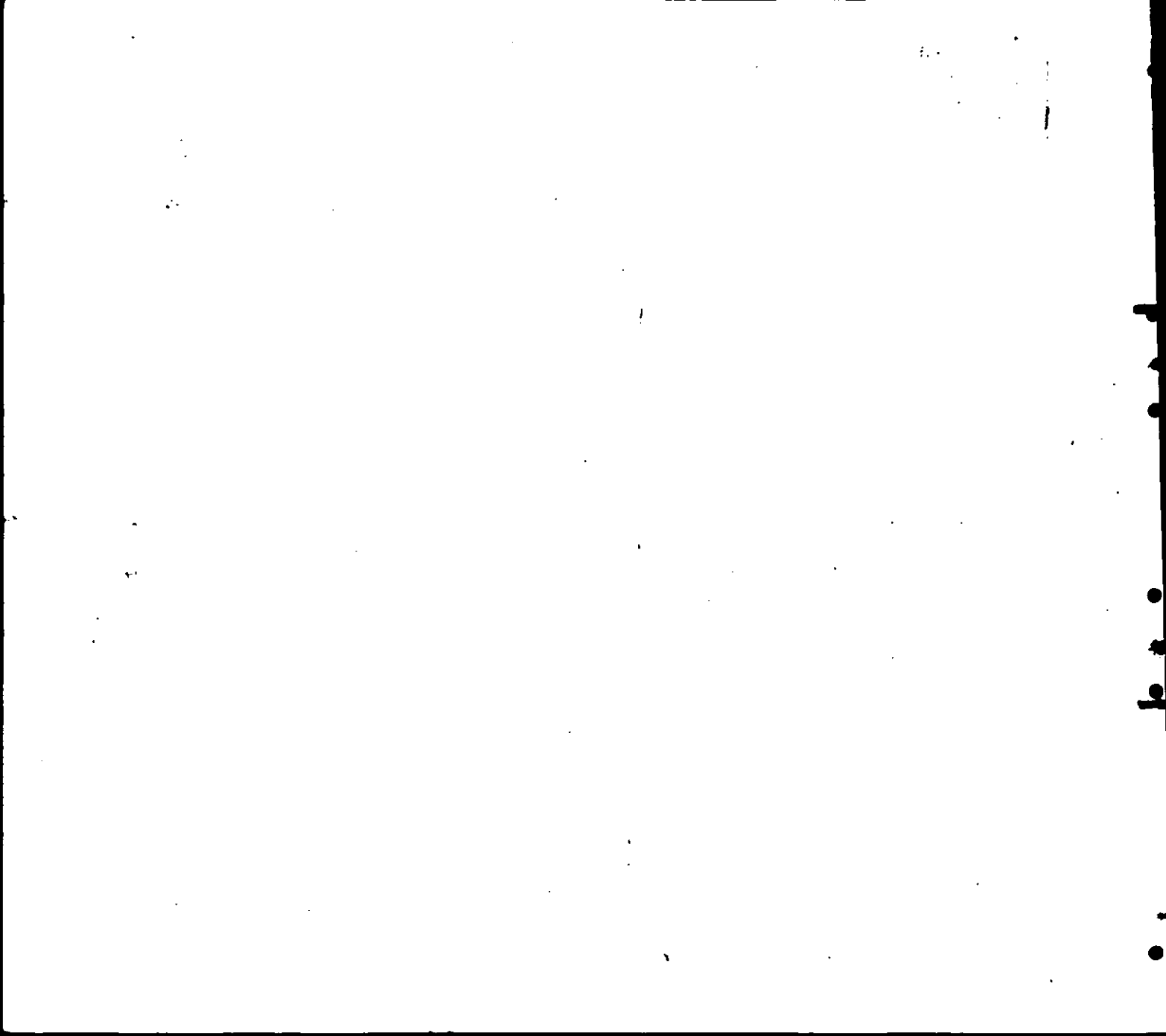
Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) B. B. Bunge, M. D.(Address) Bland, 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

45-996  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 241  
(b) Township Jefferson Primary Registration District No. 5730 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dennis Virgil Baker

(a) Residence, No. \_\_\_\_\_ St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Annie Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE <u>46</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>B. M. Baker</u> (ADDRESS) <u>Blount mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
	19.	
19. FUNERAL DIRECTOR (ADDRESS) <u>May 10 A. Laura Johnson</u>		
20. FILED <u>May 10</u> <u>A. Laura Johnson</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw h. alive on 19... 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

Other contributory causes of importance:

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) O. A. Buryne, M. D.  
(Address) Blount mo

