

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

Do not use this space.

2354

1. PLACE OF DEATH

19 County Cass  
Township Peculiar  
City (No.)

Registration District No. 156  
Primary Registration District No. 5220

File No. 2354  
Registered No. 260  
St. 260 Ward 260

2. FULL NAME

(a) Residence, No. George Washington Baker St. 260 Ward 260

(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11-1852

7. AGE YEARS 85 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Port Jefferson (STATE OR COUNTRY) Ohio

13. NAME Geo. W. Baker

14. BIRTHPLACE (CITY OR TOWN) Pennsylvania (STATE OR COUNTRY)

15. MAIDEN NAME Susanah Baker

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT S. G. Strong (ADDRESS) Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Jan 25 1938

19. UNDERTAKER Reinhardt (ADDRESS) Harrisonville Mo

20. FILED 1-24 1938 E. M. Griffith

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 2 1937 to Jan 23 1938

I last saw him alive on Jan 23 1938 Death is said to have occurred on the date stated above, at 10:15 m.

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

Chronic Intestinal nephritis and arterial hypertension

Other contributory causes of importance Acute Catarrhal Bronchitis

Name of operation RECEIVED Date of FEB 23 1938  
What test confirmed diagnosis? What was an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 1938

Where did injury occur? (Specify city or town, county, and State)

Specify whether in BUREAU OF VITAL STATISTICS in public place.

Manner of injury NO. STATE BOARD OF HEALTH

Nature of injury

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

If so, specify David H. Lang (Signed) Harrisonville M. D.

(Address)

44-38861-10000

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2003 年 12 月