

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

Do not use this space.

REC'D MAY 24 1938

15943

1. PLACE OF DEATH

County Saline Registration District No. 796 File No. 15943
 Township Marshall Primary Registration District No. 338 Registered No. 58
 City Marshall (No. Fitzgibbon Hospital) St. Slater, Mo. Ward

2. FULL NAME Arthur Derwood Baker

(a) Residence, No. Slater, Mo. St. Slater, Mo. Ward. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (or WIFE OF) Musie Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/1/'80

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 7 3

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

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) (STATE OR COUNTRY) Slater, Mo.

FATHER 13. NAME W. H. Baker

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

MOTHER 15. MAIDEN NAME Lura Ancell,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co. Mo.

17. INFORMANT Mrs. Musie Baker (ADDRESS) Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater, Mo. DATE 4/6/38 19.

19. UNDERTAKER Will Brothers, (ADDRESS) Slater, Mo.

20. FILED Apr. 6 1938 Mary Kent Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/4/38 19

I HEREBY CERTIFY That I attended deceased from Jan 30 to Apr 4 1938

I last saw deceased alive on Apr. 4 1938 Death is said to have occurred on the date stated above, at 8 P. M.

The principal cause of death and related causes of importance were as follows:
Chronic Cardiovascular (70%) Date of onset 29yr.
Pulmonary T.B.C. (not kept) 18 yrs.
T.B.C. Laryngitis 17 yrs.

Other contributory causes of importance:
Peptic ulcer (ph) 2 yrs.
Arterio Sclerosis 2 yrs.

Name of operation No. 1 + 2 Date of Nov
 What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify No
 (Signed) Mary Kent M. D.
 (Address) Slater 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.

