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

23072
Do not use this space.

REC'D JUL 11 1938

1. PLACE OF DEATH

(a) County Scott — Registration District No. 821

(b) Township Richland — Primary Registration District No. 6020 — Registered No.

(c) City Miner Switch — (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. 1 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orbra Earl Baker 260

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

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 Gladys Henson Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1897

7. AGE: Years 41 | Months 1 | Days 6 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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 0

12. BIRTHPLACE (CITY OR TOWN) East Prairie, Missouri (STATE OR COUNTRY) Mississippi County 0

FATHER

13. NAME J.J. Baker 0
14. BIRTHPLACE (CITY OR TOWN) East Prairie, Missouri (STATE OR COUNTRY) Mississippi County

MOTHER

15. MAIDEN NAME Tora Russell
16. BIRTHPLACE (CITY OR TOWN) East Prairie, Missouri (STATE OR COUNTRY) Mississippi, County

17. INFORMANT J. J. Baker (ADDRESS) Sikeston, Missouri Route 2

18. BURIAL, ~~CREMATION OR REMOVAL~~ PLACE Memorial Park DATE June 4 1938

19. FUNERAL DIRECTOR H. J. Welsh (ADDRESS) Sikeston, Missouri

20. FILED 7-7 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to June 2, 1938

I last saw him alive on June 1, 1938. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

	Date of onset
Chronic Parenchymatous Nephritis	?
High Blood Pressure	
Chronic Dilatation of the Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Howard McKendree, M. D.

(Address) Sikeston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, H. J. Welsh, Licensed Embalmer No. 774

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harvey S. Johnson

L. E. 3708

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed H J Welsh

Licensed Embalmer No. 774

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Scott
Township Richland
City Miner Switch (No. ..., ..., St. ..., Ward)

Registration District No. 821
Primary Registration District No. ...

File No. 23072
Registered No. ...

2. FULL NAME Orbra Earl Baker

(a) Residence, No. Sikeston, Mo St., ... Ward. ...
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	W	M

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
41			

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

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 ... (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ... DATE ..., 19...

19. UNDERTAKER ... (ADDRESS)

20. FILED ..., 19... ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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) ..., M. D.
(Address) ...

SUPPLEMENTARY

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