

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.

1930 JUL 14 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County *Ripley*
 Township *Waterwood*
 City *Waterwood* (No. *2*)

Registration District No. *750*Primary Registration District No. *6245*File No. *23084*

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *R.F.D.* *Waterwood* 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

M

4. COLOR OR RACE

W

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)

Feb 17- 1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*45**4**17*

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.

Farmer

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)

Oregon Co. c

MOTHER FATHER

13. NAME

John H. Baker

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

Franklin Co. Mo.

15. MAIDEN NAME

Mahalia Beard

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

Perry Co. Mo.

17. INFORMANT (ADDRESS)

J. A. Baker Waterwood Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

*Liberty Ave**7-5-**1939*

19. UNDERTAKER (ADDRESS)

Black's Mortuary

20. FILED

7-5-39 C. B. Johnston

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 4 1939

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 *8:00 AM*.

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

Date of onset

Gun shot wound of chest

Other contributory causes of importance:

167

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? *suicide* Date of injury *July 4 1939*

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)

C. G. York

M. D.

674 (Address)

C. G. York

