

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

Do not use this space.

29950

SEP 12 1939

1. PLACE OF DEATH

County Pike
 Township Centerville
 City Bowling Green (No. St. Ward)

Registration District No. 654

Primary Registration District No. 4405

File No.

Registered No. 24

2. FULL NAME Robert M. Baker

(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/15, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 7/15 to 8/15, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2nd 1865

I last saw him alive on 8/13, 1939 Death is said to have occurred on the date stated above, at 69 m.

7. AGE YEARS 74 MONTHS 5 DAYS 12 If LESS than 1 day, ... hrs. or min.

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

Lateral Sclerosis Date of onset

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

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

Other contributory causes of importance: 51A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Kentucky

13. NAME Niram Baker

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

15. MAIDEN NAME Francis Coyle

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

17. INFORMANT Mrs Laura R Baker (ADDRESS) Bowling Green Mo

18. BURIAL, CREMATION, OR REMOVAL Bowling Green Cem. DATE Aug 16, 1939

19. UNDERTAKER Mrs Grace Bankhead (ADDRESS) Bowling Green Mo

20. FILED 9-1-, 1939 M. E. Summer Registrar

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, 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) M. E. Summer Registrar

(Address) Bowling Green Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

RECEIVED

District Health Officer No. 10

District File Number 9-29-1514

Date Filed SEP 5 1939