

SEP 21 1938

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

Do not use this space.

30079

1. PLACE OF DEATH

County St. Clair
Township Jackson
City Near Valhalla Mo (No. _____) St. _____ Ward _____

Registration District No. 1037
Primary Registration District No. 6012

File No. _____
Registered No. _____

2. FULL NAME

No Name (Infant Son of Leon 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. 5 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)

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

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

4 Aug 4 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

5

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)

Near Valhalla St. Clair Co. Missouri

FATHER

13. NAME Leon Baker

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

Near Valhalla St. Clair Co. Missouri

MOTHER

15. MAIDEN NAME Aida May Wright

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

Near Valhalla St. Clair Co. Missouri

17. INFORMANT (ADDRESS)

Leon Baker Spring City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACED Spring Green cemetery DATE 8/9/1938

19. UNDERTAKER (ADDRESS)

H. C. Austin Spring City Mo.

20. FILED 9 6

1938 Wm W. Hudson Registrar

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

8/9/1938

22. I HEREBY CERTIFY, That I attended deceased from No medical, 1938, to healment, 1938

I last saw him alive on Aug 4, 1938. Death is said to have occurred on the date stated above, at 7 A.M.

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

No medical treatment & small intestine

Date of onset

Other contributory causes of importance:

184

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 _____, 1938

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) E. S. Statters, M. D.

(Address) Spring City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1780

Date Filed 9-6-39