

JAN 15 1940

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

Do not use this space.

1. PLACE OF DEATH

County Harrison

Township

City Cainsville

(No. _____)

Registration District No. 336

Primary Registration District No. 41.99

File No. _____

Registered No. 12

43469

St. _____

Ward _____

2. FULL NAME John Henry 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

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

Sarah Ann Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 5, 1857

7. AGE

YEARS

MONTHS

DAYS

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

82

10

16

OCCUPATION

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

Retired Laborer

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)

Mercer County Missouri

FATHER

13. NAME John B. Baker

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

Unknown

MOTHER

15. MAIDEN NAME Elizabeth Unknown

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

Unknown

17. INFORMANT (ADDRESS)

M. C. Baker Cainsville, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Zoar Cemetery DATE December 23 1939

19. UNDERTAKER (ADDRESS)

Eddie Stobbs Cainsville, Missouri

20. FILED

Dec 22 1939 lo E. Elden Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 21 1939

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1939, to Dec. 21, 1939

I last saw him alive on Dec. 21, 1939. Death is said

to have occurred on the date stated above, at 8:40 P. M.

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

Erysipelas
Pulmonary Passive Congestion
Myocardial failure.

Date of onset

Other contributory causes of importance:

Hypertension
Arteriosclerosis

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) D. W. Smith

Cainsville, Missouri

M. D.

(Address)

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.

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RECEIVED

District Health Officer No. 11,

District File Number 240-1596

Date Filed **JAN 12 1940**