

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

Do not use this space.

FILED MAR 5 - 1940

1. PLACE OF DEATH

County Gentry

Township

City Albany

(No. _____)

Registration District No. 309

Primary Registration District No. 4186

File No. 6580

Registered No. 3

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward. _____

(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

Mary Young

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

Jan 18 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

67

0

12

OCCUPATION

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

Retired Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

Elmo

(STATE OR COUNTRY)

Mo. 0

FATHER

13. NAME

Harvey R Baker

14. BIRTHPLACE (CITY OR TOWN)

not known

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Emily M. Tuck

16. BIRTHPLACE (CITY OR TOWN)

not known

(STATE OR COUNTRY)

17. INFORMANT

(ADDRESS)

Mrs. Mary Baker

Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmo, Mo.

DATE Feb. 1

1940

19. UNDERTAKER

(ADDRESS)

A. T. Base

281

20. FILED

Feb. 1, 1940

W. T. Martin

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan. 30, 1940

22. I HEREBY CERTIFY That I attended deceased from

Jan. 2, 1940 to Jan. 30, 1940

First saw him alive on Jan. 30, 1940. Death is said

to have occurred on the date stated above, at 5:35 a.m.

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

Acute Endocarditis

Date of onset

Jan 1940

Other contributory causes of importance:

Influenza

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

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)

J. N. Barger M.D.

(Address)

Albany, Mo.

RECEIVED FILED STATE OF
INDEX CARD RETURNED TO DISTRICT
DATE 3-4-86