

FILED SEP 19 1940

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

Do not use this space.

1. PLACE OF DEATH

County Iron Registration District No. 393
Township North Primary Registration District No. 548
City near Woodland (No. 260) St. _____ Ward _____

File No. 28689
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS:

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23 - 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 40

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

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

10. Date deceased last worked at this occupation (month and year) Jan 1939 - 40 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bronford Co Mo

13. NAME Thomas Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bronford Co Mo

15. MAIDEN NAME Martha Worley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bronford Co Mo

17. INFORMANT Mrs Vesta Baker

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenham DATE 8/14 - 1940

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 11 1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 P.M.

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

Killed by stroke of lightning. Date of onset _____

Other contributory causes of importance: 19 2 4

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? Accident Date of injury Aug 11, 1940

Where did injury occur? near Redwoodville Iron Co Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Struck by lightning.

Nature of injury burns

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) J. H. Martin, (Coroner) M. D.

355 (Address) Fronton, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

I 28314

DEC 15 1949

Emblamed by
L J Jontas
Licens No 2379
Steelville MO