

FILED DEC 12 1941

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

Do not use this space.

38287

1. PLACE OF DEATH

County GreenRegistration District No. 314File No. 27Township Asb GrovePrimary Registration District No. 4191Registered No. 1City Asb Grove (No. 1)St. Mo. Ward 12. FULL NAME Ralph Murf Baker(a) Residence, No. 1 St. 1 Ward 1

(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 male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Effie Baker

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

7. AGE

YEARS 63MONTHS 11DAYS 5

If LESS than 1 day, hrs. or min.

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) Dade Co. Missouri
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME Isom Porter Baker14. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)15. MAIDEN NAME Mat Pennell16. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)17. INFORMANT Mrs. Effie Baker
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Asb Grove DATE 11-4 194119. UNDERTAKER Morris & Leiman
(ADDRESS) Asb Grove Mo.20. FILED 11-5 1941 Mrs. Leonard Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 194122. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1941, to Nov 3, 1941I last saw him alive on Nov. 2, 1941. Death is said to have occurred on the date stated above, at 4 A m.

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

Uremia - uremic comaDate of onset 10/24/41

Other contributory causes of importance:

Chronic Interstitial Nephritis
Chronic PyelonephritisProbably 1935
in Green

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? noIf so, specify Dr. Charles H. Orr, M. D.(Address) Asb Grove, Mo.

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.

RECEIVED

Greene County Health Office,

County File Number 41-13-109

Date Filed 12/9/41