

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

25132

FILED AUG 10 1944

1. PLACE OF DEATH

County MaconTownship JacksonCity 1Registration District No. 203Primary Registration District No. 5735

File No.

Registered No.

St. Ward)

2. FULL NAME Mason E. 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 <u>M. O</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Artie May Baker</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 4th 1883</u> | | |
| 7. AGE <u>60</u> | YEARS <u>9</u> | MONTHS <u>28</u> |
| DAYS <u>28</u> | | IF LESS than 1 day, hrs. or min. |

| | |
|------------|---------------------------------------------------------------------------------------------------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u> |
| | 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) Plato Ky13. NAME William Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Saphona Burton16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT W. J. Baker(ADDRESS) Atlanta Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Labor Cemetery 7-4th19. UNDERTAKER Stephens & Goodding(ADDRESS) Macon, Mo.20. FILED July 10, 1944 Mrs. A. L. Cambron

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2nd 194422. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1944, to July 2nd 1944I last saw him alive on May 15, 1944 Death is saidto have occurred on the date stated above, at 9:30 a.m.

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

Carcinomatosis
metastatic in lungs, 1938
mediastinum and elsewhere
Primary growth in kidney
which was removed

Other contributory causes of importance:
several years ago (5 or 6 yrs.)
at Mayo Clinic.

Name of operation 52a Date of noWhat test confirmed diagnosis? 52a 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) Spencer L. Freeman M.D.(Address) Kirkville, Mo.

1688

[AUG 18 1953]

RECEIVED
District Health Officer No. 10
District File Number 8-44-1350
Date Filed AUG 8 1944