

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

Do not use this space.

1. PLACE OF DEATH

County Harrison
Township Clinton
City Clinton (No.)

Registration District No. 347
Primary Registration District No. 5488

File No. 4702
Registered No. 1928
St. Ward)

2. FULL NAME

Wm 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. da. 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 Emily D. Baker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1, 1857

7. AGE YEARS MONTHS DWS If LESS than 1 day, hrs. or min.
7-6 5 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Wm. Fayd

9. BIRTHPLACE (CITY OR TOWN) St. Clin Co
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Ann Rock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Wm Fayd
(Address) Clinton, Mo.

15. FILED Feb. 8, 1928 Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6, 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 4, 1928 to Feb 6, 1928
I last saw him alive on 2/6, 1928, and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio Sclerosis

CONTRIBUTORY (SECONDARY) 9/13

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF ...
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Samuel W. Poppe, M. D.

2/9, 1928 (Address) Clinton, Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton DATE OF BURIAL Feb. 8, 1928

20. UNDERTAKER James Wilkerson & Co
ADDRESS

19 1928
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.

