

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

Do not use this space.

36163

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Fulton Primary Registration District No. 3008
 City Fulton (No.) St. Ward (.....)
 2. FULL NAME Luke Baker
 (a) Residence No. St. Ward (If nonresident give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 OK
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Teamster
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)

10. NAME OF FATHER OK
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) OK
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER OK
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) OK
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Mary Sneed
 (Address) Fulton, Mo.

15. Dec 31, 19 27 R. N. Crew
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1927
 17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Arteriosclerosis~~ Arteriosclerosis
131
92.10 (duration) yrs. mos. da.
 CONTRIBUTORY Nephritis Chron. Arteriosclerosis
 (SECONDARY)
Arteriosclerosis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 1290
 IF NOT AT PLACE OF DEATH

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

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) M. H. Richardson, M. D.
 , 19 (Address) Fulton, 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 Colored Cemetery DATE OF BURIAL Jan 1 1928

20. UNDERTAKER Ch. Bell ADDRESS Fulton, 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.

JAN 17 1928

