

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

Do not use this space.

36063

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.) St. (Ward)

Registration District No. 73
Primary Registration District No. 5112

File No. 212
Registered No.

2. FULL NAME

Charlie 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 50 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-13-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 6 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Drayman
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER Nathaniel Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

14. INFORMANT Ada Baker
(Address) Columbia Missouri

15. FILED 11-19-28 Beatrice Kneub
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from 7:30, 1928, to Nov 16, 1928 that I last saw him/her alive on Nov 15, 1928, and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

13!
Chronic interstitial nephritis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Oa Moore, M. D.

11/19, 1928 (Address) 715th Park

*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 Roy Providence Mo. DATE OF BURIAL 11-19-28

20. UNDERTAKER Stuart G. Parker ADDRESS Columbia Mo.

M. D.—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.

THIS IS A PERMANENT RECORD

C

1928

