

DEC 22 1930

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

Do not use this space.

36709

1. PLACE OF DEATH

County Linn Registration District No. 459
Township _____ Primary Registration District No. H3 P1
City Bucklin (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Joseph Price 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) _____ 19 _____

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

17. I HEREBY CERTIFY that I attended deceased from Nov 14 to Nov 14 1930 that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 2:30 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 24 1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
69 2 20

Grasp
_____ (duration) _____ yrs. _____ mos. _____ ds.

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

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) Mill Boston (STATE OR COUNTRY) Mo

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

10. NAME OF FATHER John Baker

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

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

WAS THERE AN AUTOPSY? _____

12. MAIDEN NAME OF MOTHER Jane Whereward

WHAT TEST CONFIRMED DIAGNOSIS _____

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

(Signed) J. B. Pound, M. D.

14. INFORMANT Herbert Markson (Address) Bucklin Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Masonic Cemetery DATE OF BURIAL Nov 16 19 30

15. FILED 11-18 1930 J. L. Cantwell REGISTRAR

*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.

UNDERTAKER Joe M Laughlin ADDRESS Marsden Mo

