

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

Do not use this space.

22505

1. PLACE OF DEATH

County... Reynolds Registration District No. 748 File No. _____
 Township... Ellington Primary Registration District No. 4449 Registered No. _____
 City... Ellington (No. _____) St. _____ Ward _____

2. FULL NAME

(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 7 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 11, 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	2	7	15	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ellington
 (STATE OR COUNTRY) _____

10. NAME OF FATHER C.D.W. Baker

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

12. MAIDEN NAME OF MOTHER Lester Webb

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

14. INFORMANT C.D.W. Baker
 (Address) Ellington Mo

15. FILED 7/10 1931 Eddie Evans
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/26 1931

17. I HEREBY CERTIFY, That I attended deceased from 6/15-31 1931 to 6/26 1931 that I last saw him alive on 6/26 1931 and that death occurred, on the date stated above, at 8:20 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Broncho Pneumonia
Scarlet Fever & Gastroenteritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) [Signature] M.D.
 , 19 (Address) Ellington Mo

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ellington Mo DATE OF BURIAL 6/27 1931

20. UNDERTAKER H.T. Chitwood ADDRESS Ellington Mo

JUL 28 1931

