

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.

101 OCT 30 1932

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

Do not use this space.

31133

1. PLACE OF DEATH

County Scotland  
Township Jefferson  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 819  
Primary Registration District No. 6055

File No. \_\_\_\_\_  
Registered No. 30  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James R. Baker  
(a) Residence No. Memphis 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

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wella Baker</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 11, 1854</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fireman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>	
	10. Date deceased last worked at this occupation (month and year) <u>-</u>	11. Total time (years) spent in this occupation <u>-</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland, Co mo</u>		
FATHER	13. NAME <u>David Baker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Mary Morris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spout Hill, Maryland</u>	
17. INFORMANT (ADDRESS) <u>O. T. Baker, Memphis, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Camp Ground, Sept 5, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Memphis, Mo</u>		
20. FILED <u>9-4-32</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1932 to Sept 3, 1932  
I last saw him alive on dead Sept 3, 1932. Death is said to have occurred on the date stated above, at 4:00 m.  
The principal cause of death and related causes of importance were as follows:  
arterial insufficiency  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
92A 95A 100A

23. If death was due to external causes (violence), fill in also the following:  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) O. T. Baker, M. D.  
(Address) Memphis, Mo

Registrar \_\_\_\_\_

