

JUN 13 1935

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

Do not use this space.

16324

1. PLACE OF DEATH

County **JACKSON**
Township.....
City **INDEPENDENCE** (No. **931 S. HOCKER**)

Registration District No. **398**
Primary Registration District No. **3019**
931 S. HOCKER

File No.....
Registered No. **145**
St. Ward)

2. FULL NAME **WILLIAM H. BAKER.**

(a) Residence, No. **931 S. HOCKER.** St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **12** yrs. mos. ds. How long in U. S., if of foreign birth? **47** yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) MARTHA BAKER.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-8-1868		
7. AGE	YEARS	MONTHS
	66	8
		DAYS
		26
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GENEALOGIST
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) Oct. 1934
	11. Total time (years) spent in this occupation... 8

12. BIRTHPLACE (CITY OR TOWN) **PLATTSVILLE, ONTARIO**
(STATE OR COUNTRY) **CANADA**

13. NAME **NELSON BAKER**

14. BIRTHPLACE (CITY OR TOWN) **ONTARIO**
(STATE OR COUNTRY) **CANADA**

15. MAIDEN NAME **MARY JANE OLDS**

16. BIRTHPLACE (CITY OR TOWN) **ONTARIO**
(STATE OR COUNTRY) **CANADA**

17. INFORMANT **MRS. MARTHA BAKER**
(ADDRESS) **931 S. HOCKER INDEP. MO.**

18. BURIAL, CREMATION, OR REMOVAL **MOUND GROVE**
PLACE DATE **MAY 6, 1935**

19. UNDERTAKER **STAHL'S FUNERAL HOME**
(ADDRESS) **815 W. MAPLE AVE. INDEP. MO.**

20. FILED **5-7-** 19**35** **J. L. Cook**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 4, 1935** .19

22. I HEREBY CERTIFY, That I attended deceased from **March 26** 19**35** to **May 4** 19**35**
I last saw him alive on **May 4** 19**35** Death is said to have occurred on the date stated above, at **8:00AM.**

The principal cause of death and related causes of importance were as follows:

Common Prostate Primary Carcinoma Lung

Other contributory causes of importance:

Name of operation **no** Date of.....
What test confirmed diagnosis? **no** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
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 **Chas. Grabske, M. D.**
(Signed) **Independence, Mo.**
(Address)

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.

