

AUG 18 1936

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

Do not use this space.

25944

1. PLACE OF DEATH

County Clay
Township Fishing River
City Excelsior Springs, Mo. (No.)

Registration District No. 198
Primary Registration District No. 3011

File No.
Registered No.
St. 3d Ward)

2. FULL NAME BAKER, George Lee

Veterans Administration Facility
(a) Residence, No. Excelsior Springs, Mo. St. Ward. 134 No. 10th St.
(Usual place of abode) Lexington, Missouri
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 2 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 11 20

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Missouri

MOTHER FATHER

13. NAME Aly Baker14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Alice Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Hospital Records
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lexington Mo. DATE 7-25-36 1919. UNDERTAKER John Prather, Excelsior Spgs. Mo.
(ADDRESS) Winkler Fun. Home, Lexington Mo.20. FILED 7-24-36 Mr. R. M. Clouston
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1936, 19....., to July 24, 1936, 19.....
I last saw h. im alive on July 24, 1936, 19..... Death is said to have occurred on the date stated above, at 7:47 P.M.

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

Arteriosclerosis cerebral

Date of onset

Other contributory causes of importance:

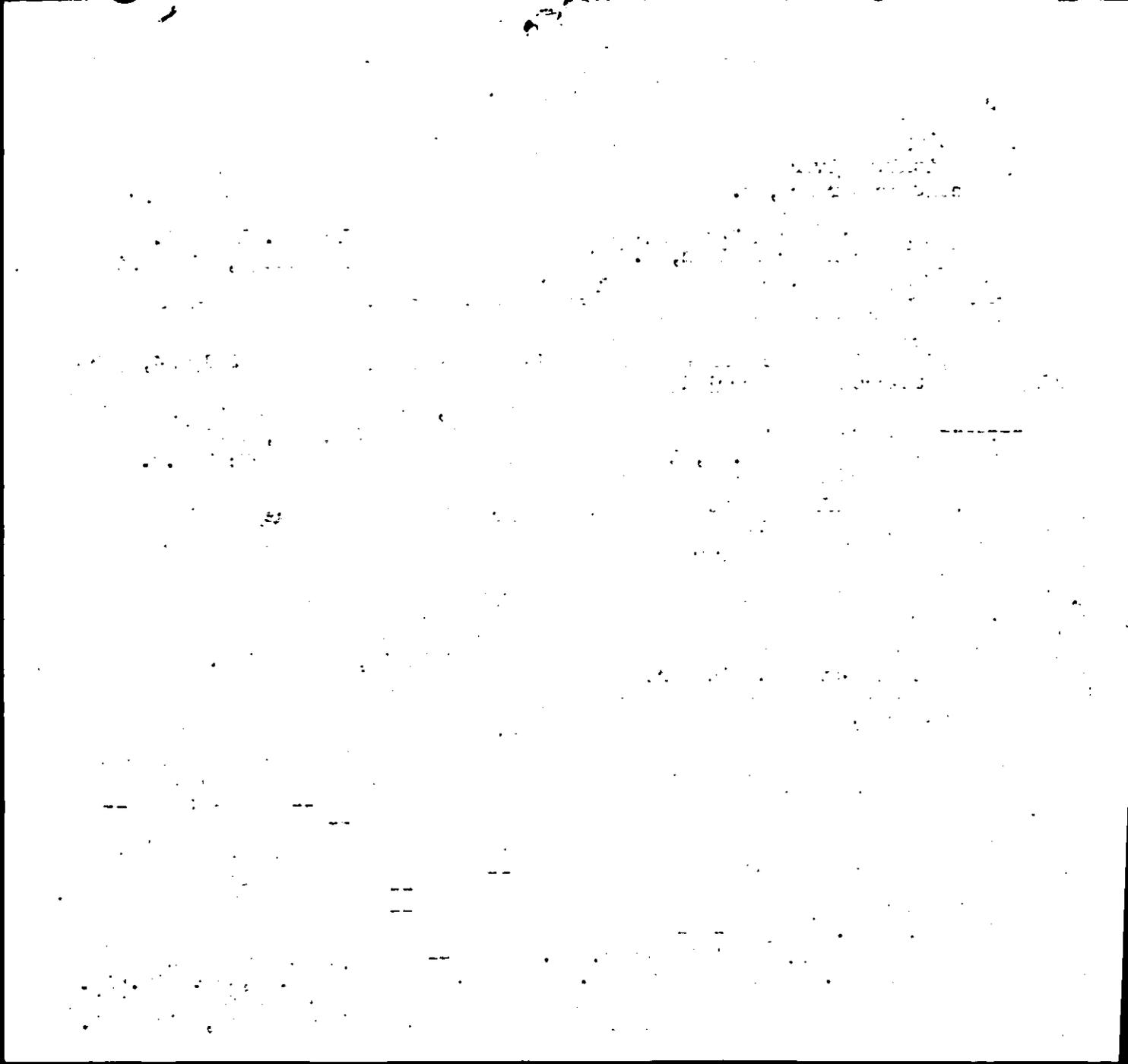
Hemiplegia, right side.

Name of operation none Date of
What test confirmed diagnosis Exam & Obs Was there an autopsy? No

23. If death was due to external causes (violence, etc.) in also the following:
Accident, suicide, or homicide? No Date of injury 19.....
Where did injury occur? ---
(Specify city, town, county, and State)
Specify whether injury occurred in industry, 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) Joseph Dauksys
JOSEPH DAUKSYS, MD, Act. Clin. Dir., M. D.
Veterans Administration Facility
(Address) Excelsior Springs, Missouri.



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1. PLACE OF DEATH

County Clay
Township _____
City _____ (No. _____)

Registration District No. 198
Primary Registration District No. 3011

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Baker, George Lee

(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

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

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

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

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|-----------|----------------------------------|
| | <u>49</u> | <u>11</u> | <u>20</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED 7-24- 1936 Mr. Lea McCrawley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1936

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

Other contributory causes of importance:

Hemiplegia, right side following cerebral hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), state 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 _____

(Signed) Joseph Haukays, M. D.

(Address) Det. Adm. J. Lee
Jefferson Sp. Hos.

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