

35
AUG 17 1939

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

25504
Do not use this space.

1. PLACE OF DEATH
 (a) County Deer Registration District No. 266
 (b) Township Walkers Primary Registration District No. 6378
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marshall Baker

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Rodensia Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1853

7. AGE YEARS 85 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer County Mo

FATHER

13. NAME William Baker 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER

15. MAIDEN NAME Eliziv Kaiser
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

17. INFORMANT Colbert Baker
 (ADDRESS) 1 Ruth Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Victor Cemetery DATE 2/4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm J. Dickerson
Rolla Mo

20. FILED July 4 1939 F. C. Smith
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1939

22. I HEREBY CERTIFY That I attended deceased from July 1 1939 to July 1 1939
 that saw him live on May 1939. Death is said to have occurred on the date stated above, at _____ P.M.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Hardening of arteries
Diabetes

Other contributory causes of importance: 59

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
 (Signed) W. J. Dickerson, M. D.
2/4 (Address) Edgar Springs Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

8044-1-12-38
V. S. NO. 2.
I X14028

RECEIVED

District Health Officer No. 5,

District File Number 83914

Date Filed 8-10-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.