REC'D SEP 13 1939

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

30119
Do not use this space.

1. PLACE OF DEATH

(a) County: St. Francois 3
(b) Township or (c) City: Farmington 1
Registration District No.: 773
Primary Registration District No.: 6078A
Registered No.: 146
(d) Street No.: State Hospital No. 4 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 260 Joe Baker

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-29-1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	54	7	1	

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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glen Allen, Missouri.

FATHER
13. NAME: Henry Baker.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co. Missouri.

MOTHER
15. MAIDEN NAME: Maryi Baker.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co. Missouri.

17. INFORMANT (ADDRESS): Records of State Hospt. #4 Farmington, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Glen Allen, Mo. DATE: Sept. 1st, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Lloyd S. Morgan, Advance, Mo.

20. FILED: Aug 30, 1939 B. J. Robinson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-27, 1939, to 8-30, 1939
I last saw him alive on 8-29, 1939. Death is said to have occurred on the date stated above, at 5:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis with hypertension 54 — Date of onset

Other contributory causes of importance:
Diabetes mellitus
Gen Art sclerosis

Name of operation: no — Date of: no
What test confirmed diagnosis: Clin & lab — 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? None (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: No
(Signed) G. Tivis Graves, Jr., M. D.
(Address) Farmington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 Lloyd D Morgan

Licensed Embalmer No. 3361

P. O. Address A Drawer M

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

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