

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

PLACE OF DEATH
County Monteau
Township Burris Ford
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 576 File No. 20001
Primary Registration District No. 5774 Registered No. 8

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME John H. Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married
WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH June 22, 1885
(Month) (Day) (Year)
AGE 38 yrs. 11 mos. 10 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE
(City or town, State or foreign country) Lewis Co. Mo.

PARENTS
NAME OF FATHER James Baker
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
MAIDEN NAME OF MOTHER Sarah Smith
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J H Baker
(ADDRESS) Tipton Mo.

Filed June 10, 1914 W. H. Finke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 1, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h ✓ alive on _____, 191____, and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:
killed by lightning
192

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Lo S Glover M. D.
June 2, 1914 (Address) Russellville Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL High Point Adfellow Cem. DATE OF BURIAL June 3, 1914
UNDERTAKER J E Allen ADDRESS Russellville Mo

Revised United States Standard Certificate of Death

Census and American Public Health Association]

Occupation.—Precise statement of occupation, so that the relative health-conditions can be known. The question every person, irrespective of age,

is to be stated under a single word or term on the first of death approved by Committee on Nomenclature of the American Medical Association. (Recommendations of the American Medical Association.)

But in many cases especially in the nature of the business or (b) the nature of the business or an additional line is provided for should be used only when needed.

Examples: (a) *Farmer or Planter, Physician, Locomotive engineer, Civil engineer,*

or (b) *Cotton mill; (a) Salesman, (b) Automobile factory. The form part of the second statement—“Foreman,” “Manager,”*

more precise specification, as *Day laborer—Coal mine, etc. Women in the duties of the household (persons who receive a definite salary),*

wife, Housework, or At home, and employed, as At school or At home.

For persons who have no occupation whatever, write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is “Epidemic cerebrospinal meningitis”); *Diphtheria* (avoid use of “Croup”); *Typhoid fever* (never report “Typhoid pneumonia”); *Lobar pneumonia*; *Bronchopneumonia* (“Pneumonia,” unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc. of*

(name origin; “Cancer” is less definite; avoid

use of “Tumor” for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death); *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as “*Asthenia*,” “*Anaemia*” (merely symptomatic), “*Atrophy*,” “*Collapse*,” “*Coma*,” “*Convulsions*,” “*Debility*” (“*Congenital*,” “*Senile*,” etc.), “*Dropsy*,” “*Exhaustion*,” “*Heart failure*,” “*Haemorrhage*,” “*Inanition*,” “*Marasmus*,” “*Old age*,” “*Shock*,” “*Uraemia*,” “*Weakness*,” etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as “*PUERPERAL septicaemia*,” “*PUERPERAL peritonitis*,” etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of “Contributory.” (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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