

APR 19 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Cooper  
Township South Moniteau  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 10933  
Primary Registration District No. 4336

File No. 11693  
Registered No. ....

2. FULL NAME John Martin Baker

(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

## MEDICAL CERTIFICATE OF DEATH

|   |   |   |   |  |
|---|---|---|---|--|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |   |  |
| 5A. <del>IF MARRIED, WIDOWED, OR DIVORCED</del><br>HUSBAND OF<br><del>OR WIFE OF</del> <u>Johana Baker (Deceased)</u> |   |   |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June, 28th, 1863</u>   |   |   |   |  |
| 7. AGE  | YEARS   | MONTHS  | DAYS  | IF LESS than 1 day, ..... hrs. or ..... min. |
|   | <u>73</u>   | <u>8</u>  | <u>13</u>   |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Farmer</u> |   |   |  |
|   | 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) <u>November, 1937</u>                   |   | 11. Total time (years) spent in this occupation <u>Life</u> |  |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1937, to Mar. 10, 1937

I last saw him alive on Mar. 10, 1937. Death is said to have occurred on the date stated above, at 1:15 P.M.

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

Chronic Myocarditis  
mitral Stenosis.

Date of onset

Other contributory causes of importance:

A30

|  |   |
|--|---|
| FATHER   | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
|  | 13. NAME <u>John M. Baker</u>                                   |
| MOTHER   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
|  | 15. MAIDEN NAME <u>Mary Ann Zey</u>                             |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
| 17. INFORMANT <u>Charles C. Baker</u><br>(ADDRESS) <u>Clarksburg, Mo</u>   |   |
| 18. <del>BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</del> OR REMOVAL PLACE <u>Clarksburg, Mo</u> DATE <u>3-14-37</u> |   |
| 19. UNDERTAKER <u>Janeel E. Richards</u><br>(ADDRESS) <u>J. C. Martin</u>  |   |
| 20. FILED <u>3-15-37</u> <u>J. C. Martin</u><br>Registrar.   |   |

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 .....

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) A. J. O'Bannon M.D.

(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.

