NOV 15 1935

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

Do not use this space.

36764

File No.
Registered No.

1. PLACE OF DEATH
County Moniteau
Registration District No. 1095
Township
Primary Registration District No. 4336
City Clarksburg, (No. , St. Ward)

2. FULL NAME George -B - 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

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 Mary - S - Baker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 11,1869

7. AGE: Years 66 | Months 2 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Cooper County
(STATE OR COUNTRY) Missouri

FATHER
13. NAME John - M - Baker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington , D , C .

MOTHER
15. MAIDEN NAME Mary Zey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mary-S- Baker
(ADDRESS) Clarksburg , Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarksburg, Mo DATE 11/13/1935

19. UNDERTAKER James E. Richards
(ADDRESS) Tipton Mo.

20. FILED 11-13 1935 J. R. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1935, to Nov. 11 1935
I last saw him alive on Nov. 11 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	

Other contributory causes of importance: No

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? no
If so, specify
(Signed) G. S. Wilson , M. D.
(Address) Fortuna Mo

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.

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