

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

Do not use this space.

**19109**

**1. PLACE OF DEATH**

16 County Cape Girardeau Registration District No. 125  
1 Township Cape Girardeau Primary Registration District No. 3009  
8 City Cape Girardeau (No. St Francis Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 145  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John B Baker  
(a) Residence, No. RFD #1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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.  
Cape Girardeau Mo  
(If nonresident, give city or town and State)

**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 Myrtle Sides  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-9-1886  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
47 4 12  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1933  
22. HEREBY CERTIFY, That I attended deceased from June 17, 1933, to June 21, 1933  
I last saw him alive on June 21, 1933 Death is said to have occurred on the date stated above, at 4:32 a.m.  
The principal cause of death and related causes of importance were as follows:

strangled by things Date of onset \_\_\_\_\_  
12/21/33  
Other contributory causes of importance:  
Paternal Lobor Pneumonia

Name of operation Shunt Date of \_\_\_\_\_  
What test confirmed diagnosis Physep Was there an autopsy Yes

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) John D. Purdy, M. D.  
(Address) Cape Girardeau Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo  
13. NAME John B Baker  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans  
15. MAIDEN NAME Hemeryette Doupt  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo  
17. INFORMANT (ADDRESS) John B Baker Cape Girardeau Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau Cent DATE 6-23 1933  
19. UNDERTAKER (ADDRESS) Samson's Funeral Home Cape Girardeau Mo  
20. FILED 6-22-33 W.C. Kumpfer Registrar.

WRITE PEARLY 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.

JUL 21 1933

