

2345

STATE OF DELAWARE
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

STATE OF DELAWARE
 OCT 1941
 HEALTH DEPARTMENT
 VITAL STATISTICS

1. PLACE OF DEATH
 County New Castle State of Delaware, Registered No. _____
 Hundred St Georges or Village _____ or
 City Middletown No. _____ St. _____ Ward _____
 If death occurred in a hospital or institution, give its NAME instead of street and number
 Length of residence in town where death occurred 57 years _____ months _____ days
 How long in U. S. if of foreign birth? 58 years _____ months _____ days
 FULL NAME Fredrick Baker
 (a) Residence: No. 109 P. Main St., _____ Ward _____
 (If non-resident 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
 6a. If married, widowed, or divorced, HUSBAND of Cydia Shackley Baker (or) WIFE of _____
 6. DATE OF BIRTH (mo. day and yr.) Feb. 6, 1864
 7. AGE Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min. 77
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (city or town) England (State or country)
 MOTHER 13. NAME Phillip Baker
 14. BIRTHPLACE (city or town) England (State or country)
 15. MAIDEN NAME Rachel Baker
 16. BIRTHPLACE (city or town) England (State or country)
 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 17. INFORMANT Cydia Baker (Address) Middletown, Del.
 Date of information 8-30-41
 18. BURIAL, CREMATION OR REMOVAL Place Freeport, Conn. Date 9-2-41
 19. UNDERTAKER John W. Speer, Jr. (Address) Middletown, Del.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (mo. day and yr.) 8-30-41
 21. I HEREBY CERTIFY that I attended deceased from Jan. 1937 to Aug. 1941
 I last saw him alive on Aug. 3, 1941 death is said to have occurred on the date stated above at _____ in The principal cause of death and related causes of importance in order of onset were as follows:
Carcinoma left Chest Jan. 1937
 Date of onset _____
 Contributory causes of importance not related to principal cause _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No
 22. 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 _____
 23. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ M. D. _____
 (Signature) Walter Baker (Address) Middletown, Del.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, 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. See instructions on back of certificate.

24. FILED _____ 19____
 FILED 7/3 1941
 _____ Local Sub-Registrar
 _____ Local Registrar

THIS CERTIFICATE MUST BE FILED WITH THE LOCAL REGISTRAR WITHIN 72 HOURS AFTER DEATH AND BEFORE INTERMENT OR OTHER DISPOSAL OF THE BODY